

THE AMERICAN JOURNAL OF NURSING

VOL. X

FEBRUARY, 1910

NO. 5

EDITORIAL COMMENT



THE AMERICAN NATIONAL RED CROSS CENTRAL COMMITTEE ON NURSING SERVICE

ON December 20, 1909, the Red Cross War Relief Board appointed the Central Committee on Nursing Service, the personnel of which will be found on the first page of the official department of this JOURNAL.

It will be remembered that in the plan of the War Relief Board, submitted to the Associated Alumnae at Minneapolis, there were to be nine nurses in a committee of fifteen, three of whom would be members of the War Relief Board, and six to be appointed from nominations from the Associated Alumnae. In order that, as far as possible, all parts of the country should be represented during this first year of organization, the War Relief Board has appointed seven nurses instead of six. Miss Jane A. Delano, superintendent of the Nurse Corps, U. S. A., is chairman of this Central Committee on Nursing Service, and before this JOURNAL reaches our readers the first conference of such members as can be gotten together will have been held in New York on January 20.

Because of the impossibility of bringing the members of the committee at a distance into frequent personal consultation, the policy to be followed, we are told, will be for those members who can come together to formulate plans and submit them to the absent members for suggestion and approval before rules are formally adopted.

All of the members of this committee are women whose names stand for achievement in some line of nursing service. The *Red Cross Bulletin* for October, commenting on Miss Delano's appointment as chairman of the Central Committee, says: "By this arrangement the whole system of the Regular Army Nursing Corps and Red Cross Nursing

Corps will be placed under one head, so that in case of war the plans for Red Cross nursing assistance will fall into complete accord with the demands of the army medical service. Miss Delano will, therefore, be not only fully advised as to the regular nursing strength of the army corps, but will know exactly the status of the volunteer aid of the Red Cross Nursing Corps."

By the appointment of this committee, with the majority of its members nurses, the responsibility of the nursing department of the American National Red Cross is placed upon the shoulders of the members of the Associated Alumnae.

The alleviation of suffering caused by war or disaster was the motive which gave rise to the original formation of the Red Cross. Nursing care is almost, if not quite, the most important branch of the service and of a kind which calls for soldierly qualities of patriotism, courage, and endurance, with womanly dignity, tenderness, and professional skill. So far, the nurses of the country have not responded to the call for enrollment in the Red Cross as they should, the reason frequently given being that such a department under the direction of laymen could not be conducted on a practical working basis. This excuse can no longer be advanced,—the work of organizing a Red Cross nursing service is now in the hands of nurses. With the concentrated strength of all our national and local nursing societies it can be made a practical working force. No one group of women has ever been given such an opportunity to prove its ability to do a great work as the nurses of America now have before them. Unity and co-operation are the means to accomplish it.

REORGANIZATION OF THE NATIONAL RED CROSS

The Central Committee at Washington has found it necessary to make certain changes in the form of the state branches, and in a letter to these branches, under date of November 1, the reasons are clearly set forth. Briefly stated, distances which prevent representation from all parts of a state, with a tendency to concentrate officers and members at some central point, absence of state officers, jealousies, etc.,—conditions detrimental to the best interests of the Red Cross. Moreover, experience has taught that in case of disaster within the state the governor is the one who makes the appeal for assistance to the rest of the state, or to the President of the United States if national help is needed. Therefore, that the national headquarters with its active working force may be in immediate and close touch with all its branches when relief is needed, new regulations have been adopted by which

local branches, hereafter to be called "chapters," will be in direct communication with headquarters at Washington, retaining fifty cents on the annual dues, instead of twenty-five, for local use, and each chapter may have the privilege of sending one delegate to the annual meeting at Washington. The state boards will assemble only in case of war or serious disaster.

The charters, by-laws, and regulations for state boards and chapters have been issued under date of January 1, 1910, copies of which may be obtained from Major-General George W. Davis, chairman Central Committee, American National Red Cross, Washington, D. C.

PROGRESS OF THE JOURNAL PURCHASE FUND

THE treasurer's report of returns for the Purchase Fund of the Associated Alumnae shows \$343 for the month ending January 15, and \$1655.50 since the Minneapolis conference.

The Nurses' Journal of the Pacific Coast, commenting editorially on the special effort which is now being made by the Associated Alumnae to assume the entire responsibility of the AMERICAN JOURNAL OF NURSING, says: "The truly admirable undertaking of the Nurses' Associated Alumnae in planning for the ownership of the AMERICAN JOURNAL OF NURSING is a subject on which Pacific Coast nurses are all informed, and, we trust, enthused. Probably many of us have been roused to a fine glow of appreciation of our own part in this project, have formed the best of intentions to donate something toward the fund, and then, in the routine of a workaday world, we have forgotten our good intentions like the best made New Year resolutions, awaiting a more convenient season. It is the purpose of this appeal to remind each and all that in spite of some foregoing remarks, for all practical purposes, in a question of dollars and cents there is, after all, no time like the present.

"For the benefit of those members who may not be fully informed we give the financial situation as outlined by Miss Delano on the occasion of her recent visit to San Francisco. The original stock of the AMERICAN JOURNAL, bought by a certain number of shareholders, was planned to be held by them only until such time as they might be bought up—preferably by the Nurses' Associated Alumnae. From time to time, money has been subscribed by affiliated associations largely, until the Alumnae now owns at least forty-two shares, and perhaps fifty by the first of January.

"As the Associated Alumnae actually now owns about forty-two per cent. of the stock, it follows that the association has assumed the

controlling interest of the AMERICAN JOURNAL. For this reason, and considering the original plan specified, it is plain, as pointed out by some of our broad-minded eastern women, that, having gained the controlling interest, the Alumnæ is actually morally obligated to assume the ownership of the remaining portion as soon as funds may be raised for that purpose.

"The problem of a sum of about five thousand dollars to cover the cost of these remaining shares ought not to be difficult among a membership of fifteen thousand wage-earning professional women. But while the formation of a working plan is comparatively simple, it becomes sometimes most difficult to sufficiently stimulate popular interest in that working plan to *make it work*. As stated by Miss Palmer at Minneapolis, if every member would contribute the sum of fifty cents, the JOURNAL is ours, with no undue amount of effort or self denial on the part of any one individual.

"The AMERICAN JOURNAL OF NURSING is one of the most far-reaching, broad, and potent influences in nursing education and progress that we have in America to-day. It is the medium through which other sources of reform may reach us. It is the official organ of a society of fifteen thousand American nurses and its ownership is one of the most laudable ambitions which that society will ever realize. The AMERICAN JOURNAL stands for national progress and national unity. It brings the isolated nurse into communication with our centres of progress, and is a connecting link in the chain which binds the American nurse to her sister in far distant lands.

"Having conceded the moral obligation of ownership and the invaluable influence of our national journal, it is evident to every broad-minded member that this responsibility becomes the personal concern of every loyal individual in the ranks of the Alumnæ. It is true that California has already pledged one hundred dollars toward the JOURNAL Purchase Fund. If there be any of our state members who have seen in this a duty discharged, let them consider that this represents the munificent sum of ten cents per capita out of an annual due which in any case we must pay—a truly dazzling outlay from our generous western viewpoint. Now is the time for the Pacific Coast nurses to come forward and start the ball—or perhaps more fitly expressed, the dollars rolling. It is our truly golden opportunity to prove our western generosity. We hope every month to print in the *Pacific Coast Journal* a long list of names with contributions to the Purchase Fund. The year of 1910 marks two events in nursing progress—the fiftieth anniversary of the establishment of training schools by Florence Nightingale

and the tenth anniversary of the *AMERICAN JOURNAL OF NURSING*. It has been suggested that this year's meeting be made a jubilee year in honor of this first event. Let us all lend our personal aid to make possible the celebration of both events in the entire ownership of the *AMERICAN JOURNAL* by the Nurses' Associated Alumnae of the United States."

THE NURSE'S UNIFORM

EVER since the establishment of training schools for nurses, superintendents have been untiring in their efforts to teach their pupils not to wear their uniforms on the street or in public places, but to reserve them for the sick room. This is a rigid rule in a great majority of schools for sanitary and ethical reasons, and is agreed to willingly by private duty nurses of good taste who, like all well-bred people, wish to avoid what is conspicuous. Nurses who wear their full uniforms in shops or theatres or in travelling are usually of the gum-chewing, peanut-eating type, who have been so unfortunate as not to have been taught better at home, for one's early training has a more lasting effect on manners and character than any number of training-school rules or precepts.

The district field is the only exception to this rule. Here, for the same sanitary and ethical reasons, the uniform is necessary, but it is hidden beneath a simple dark coat which completely protects it.

Now comes the demand for nurses in uniform to sell tickets or distribute programs at bazaars or concerts, or to appear at public meetings in connection with the tuberculosis crusade, or to help sell the Red Cross Christmas stamps. Nurses in uniform in the corridors of postal stations or in the lobbies of public buildings have become a common sight in many cities. The cause is a most worthy one, and it is quite right that we should enter it enthusiastically and show our intimate connection with the crusade, but is it necessary or advantageous that we should permit our uniforms to be used as a drawing card to attract popular notice? The white dress, cap, and apron are suitable only for the hospital or sick room and are out of place in a dirty, noisy, draughty public place.

If the presence of nurses is such a help to the sale of the stamps that those in charge of arrangements seek for their assistance, it seems to us they should be allowed to wear the brassard of the Red Cross on the sleeve of a dark coat. They would then be suitably apparelled for a public place and would be given recognition as belonging to the medical branch of the tuberculosis work without being disagreeably conspicuous.

We have been appealed to by a teacher of nurses for an opinion as

to what the future attitude of the schools should be in regard to the wearing of the uniform and in encouraging their pupils and graduates to meet these demands, and while we do not give this as more than a suggestion, we make it in the hope that others may add further light by taking up the subject for discussion at state and local meetings, or in our pages.

CONVENTION LESSONS

EVERY great gathering of people in the form of a convention has its lessons for us who are still in the period of infancy in our national life. The Student Volunteer Convention which has just closed its sessions in our city was conducted in an absolutely business-like way. All of the delegates, more than 3600 in number, were entertained in the homes of the citizens, and this had a twofold advantage,—it enabled students of limited means to attend the meetings, and was a means of instruction to those who acted as hosts, as they could not but become interested in the work of the association through its enthusiastic representatives.

The meetings were held three times a day, for five days, and the great majority of the young people attended strictly to the work at hand. This was necessary, as the speakers on the program were not announced in advance, and in order to hear any particular one the delegates must perforce be present at each meeting. The morning and evening sessions were general in character and were attended by all; the afternoons were spent in section meetings which proved of great practical value, as there was a better chance for each to hear of the special work in which he was most interested and there was some opportunity for discussion. All sessions, whether general or special, began and ended exactly on time, the doors were closed when the seats were filled, and no one was allowed to enter or leave the hall during addresses.

Having witnessed the great enthusiasm and interest in this gathering, which comes but once in four years, and in our International Council of Nurses, which meets but once in three years, the thought has come to us that perhaps we might with advantage lengthen the period between our national meetings of superintendents and of the Associated Alumnae to two years. Would not the interest and value of the meetings be even greater? And would not the saving in expense be worth considering? A great deal of the educational work done by the Associated Alumnae could be properly carried on by the state associations, while the local groups of training-school superintendents which are so rapidly forming in all parts of the country and which are doing such effective work make an annual meeting of the superintendents of the country less necessary than formerly.

We are being somewhat criticised for our constant harping upon the expense of our conventions, but we are in a position to know how serious a consideration this is in carrying out an effective program, that local work is handicapped by the necessity of sending delegates so frequently and to such distances, that the earning capacity of the average nurse has not increased with the growth of our organizations while the cost of living has increased, that the obligations of state registration make the promotion of educational measures in the states of much greater importance than in the earlier days of our national societies, and that consequently the husbanding of our state and local resources is a factor that must be given greater consideration rather than less.

DEATH OF A PIONEER WOMAN PHYSICIAN

DR. SARAH R. ADAMSON DOLLEY, who died at her home in Rochester, N. Y., on December 27 at the age of eighty, was one of the pioneers among woman physicians, not only of this country but of the world, having been granted the second diploma in medicine ever given a woman. She at first studied medicine with an uncle who was a physician, and then applied to thirteen different medical colleges before being admitted to one in Syracuse, now out of existence. After graduation, she served as an interne at Blockley, having the distinction of being the first woman interne in the world. Dr. Dolley practiced in Rochester until 1900 and has in a quiet unobtrusive way been a moving spirit in the progress and organization of women physicians. Up to the time of her last illness she was in close touch with all that was being done by her colleagues. At the time of the Civil War she helped organize the local Red Cross work, and was closely associated with both Clara Barton and Susan B. Anthony.

THE PRIVATE DUTY NURSE—HER LIFE, HER IDEAL, HER NEEDS *

By KATHARINE DEWITT, R.N.

THERE was a time in the memory of all of us when the private duty nurse was the sole glorious exponent of our profession. When any one spoke of the trained nurse, he meant the private duty nurse, for she was the only variety known,—the few hospitals of the country being presided over by women of such unusual gifts and ability that they didn't count except in an upper class of their own. Since the rapid growth of training schools, needing nurses for executive positions of all kinds, since the perfection of surgical technic, which requires a graduate nurse to preside over every operating room, since the rise of social service work in its various ramifications, with its army of nurses working along distinctly philanthropic lines, the private duty nurse has fallen somewhat into the background.

She is still needed by vast numbers of the sick and she is still fulfilling her tasks quietly and faithfully, but she no longer has to bear on her shoulders the entire responsibility of the nursing profession as it is judged by the public. Sometimes she is even regarded a little askance as a being whose aim in life is to earn money and whose occupation is more or less menial in character.

Let us consider what her field of labor includes and what her opportunities are.

The private duty nurse has chosen this special branch of her calling as best for her, either for reasons of special adaptability, love of the work, the needs of the people of her locality, or because of family obligations. Her life is an isolated one, that is, professionally isolated. She is always in close touch with other human beings, but she is not in contact with other nurses except in the intervals between cases. Her life may easily become an uninteresting grind, and she needs occasionally to stop and see where she stands, what her place is in the world's work, to get a glimpse of the really great medical profession of which ours is an humble part. We look back over the ages and see how medicine and nursing have worked their way up through darkness, ignorance, and superstition, by patient endeavor and long research and occasional wonderful discoveries, to our present knowledge. Every age has added

* Read at the eighth annual meeting of the New York State Nurses' Association.

a little to what was known before. Every age has something to inherit, something to build upon, and something to add.

One would suppose that through this slow growth of knowledge added to knowledge we should have now a most complicated and subtle science to deal with, but the surprising and beautiful truth about medicine is that it is all the time becoming simpler, so that the present generation of doctors and nurses is earnestly engaged in methods of prevention, in teaching people to keep well, to help nature perform its cures in its own perfect way. Less and less of medicine and dosing, more and more of healthful living is our lesson to-day.

Now if we could have an army of health missionaries to preach these doctrines to rich and poor, what progress might be made! But we have them! Here are the visiting and hospital nurses preaching these truths to the very poor; here are the private duty nurses preaching the same truths to the rich, to the well-to-do, to the wage earner, to the farmer. Could anything be more useful and necessary than such a crusade?

Do not fancy that the well-to-do do not need teaching; the nurse who works among them knows better. She is trying tactfully but persistently, in one family after another, to show the benefits of fresh air and sunshine, of simple food and healthful bodily exercise, of sane methods of dressing.

In her country cases her problems are tremendous. Here are people sleeping with closed windows, living on fried salt pork and hot bread, keeping their little children indoors all winter, if below school age, not even providing them with overshoes and warm wraps, because they see no necessity for their going out. They open their eyes in amazement when you urge them to let the pale child who has been shut up in school all day have an hour of fresh air and play before coming in to do his chores.

It takes tact of the finest sort and something more than tact to teach these lessons without giving offence. We have first to watch all these things quietly without saying a word, while making our way to the hearts of the people we are with, and this we can do in only one way, not by art or pretense, but by a real affection for them and an unfeigned interest in their joys and sorrows. When once they have learned to trust us and to know us as friends, they will listen to our carefully given suggestions, and will stop jiggling the baby every moment, and take away the dirty rubber nipple it has been continually sucking. They will gingerly try letting in a little air. They will allow you to bundle up the little folks and take them out. When you leave, perhaps they will have learned a few of the first principles of healthful living; you can't make them over in a few short weeks.

The nurse who tries to make sweeping reforms in all directions as soon as she has established herself succeeds in being regarded as a nuisance and fails of any good except in the actual care of her patient, and that is such a narrow field.

The nurse who is called to an infectious case must work with the doctor to hunt out the source of infection and remove it so that it will not be the cause of other cases of illness, and must so educate the family and, if necessary, the community, that they will know how to keep a watchful eye on the water and milk supply and to dispose of all refuse. If she has not been taught these things in her training school, she has now at her command the books on hygiene written especially for nurses and can inform herself. She is not fulfilling her duty if she contents herself with the mere care of the patient.

Then there are the evils of self-dosing with drugs and patent medicines,—every nurse comes in contact with these again and again. Here the good nurse is an invaluable ally of the good doctor, for she can show her patients how foolishly extravagant and harmful it is to try experiments which may result in postponing some trouble beyond the possibility of relief; how honorable they will find the doctor in his judgment; how much worry they may avoid if nothing serious ails them; how much safer they are in his hands than in their own. The servants of a family need a good deal of such advice. How often we see a bottle of Peruna or Lydia Pinkham on the kitchen shelf. Here too we must win our way and not speak until we have won the confidence of the maid by our genuine kindness and interest.

There are for all of us many opportunities to give instruction in home nursing and we should not be too lazy or indifferent to teach those who assist us or who watch us, how to make a bed, how to turn a patient comfortably or without harm, how to give a bath. We need not be afraid of giving away our secrets. It is a mark of charlatanism to guard one's craft, it is the mark of a true profession to wish to disseminate and share one's knowledge, and every woman in every home should know something of nursing.

The obstetrical nurse is perhaps the greatest of teachers we have. When we remember that the family is the most sacred possession of the nation, when we realize that the present and future health of the mother and child rest largely in our hands after the labor is over, and that the comfort and happiness of a whole family depend upon the kind of baby we train and the kind of teaching we give those who are to care for it, we should only be afraid we are not going to be able to live up to the responsibility and privilege that are ours. Nothing is more

absorbingly interesting or more satisfactory, nothing we can do as nurses is more important, and it is so needful that it should be done perfectly, that those women who find themselves uninterested or unadapted to this work should immediately abandon it, there is too much at stake to trust it to those who are not made for it, and there are many excellent nurses who fail altogether in obstetrics.

In our new crusade for venereal prophylaxis the private duty nurse must be our main reliance. Who else is to reach the mother in her home and show her how tremendous her duty to her children is! We must all be well informed, at the start, with the facts which cannot but stir the soul of every woman who grasps them.

Many a nurse finds herself in a tiny city flat or out on a lonely prairie with no help for the needs of a whole family but her own. In such a crisis she almost always rises to the occasion and performs all sorts of duties which were not included in her nursing education but which are hers as a woman to assume in time of need. She does them to the best of her ability and learns the truth of the old adage that "Duty performed is a rainbow in the soul." When the long day's work is done and there seems a prospect of a fairly peaceful night, she lays her tired bones on some old bumpy couch and with the thought that the mother is gaining, the children are well and happy, the father less anxious and immensely grateful, she sees the rainbow shining and her heart is filled with peace. When she reads the frequent attacks upon the private duty nurse as failing in her duty to the people of the middle class, she heaves a sigh of perplexity, wishes she knew how to solve the problem, wonders whether she will have to take some of her savings to pay her next room rent (these people she is with seem so poor) and goes on her faithful way, too busy to proclaim to the world what she is doing or how she is doing it.

The parable of the Good Samaritan has always been a consolation to me. He did not set out to be a philanthropist, but we are told that "as he journeyed" his opportunity came to him, and he performed it simply and as a matter of course. So may we who form the vast inconspicuous body of private duty nurses pursue our way of daily toil, and *as we journey* we shall find the sufferer by the wayside waiting for our help, and we too shall have a part in the great work of the world.

AFFILIATION

By AMY M. HILLIARD, R.N.

Graduate of St. Luke's Training School, New York; Superintendent of Nurses,
Jackson Sanatorium Training School, Dansville, N. Y.

THERE can be no question of the ultimate benefit of affiliation to schools which cannot give adequate practical instruction without it, but such a school, if it desires to give a three years' course, will be confronted with the following problems: (1) difficulty in securing proper affiliation; (2) enrollment of one-third more pupils; (3) arrangement of class work in home school—to allow for break in its continuity; (4) obtaining consecutive class work during the year of affiliation; (5) arrangement of relief in case of very protracted illness on the part of any pupil during affiliation; (6) allowing sufficiently frequent vacations; (7) conducting final examinations.

The advantages of affiliation have become so obvious that there is not at this time the difficulty that there has been in securing one that will be of mutual benefit.

When affiliation is made for a year's work a third more pupils are required. In a school of from twenty-five to thirty pupils, two pupils are sent away quarterly and two return. This we have found breaks into the continuity of the second and third year's work very considerably. If the entire intermediate class could be sent at one time this would be obviated. This has not seemed possible, so we combined the intermediate and senior classes and have three divisions in the school—preliminary, junior and senior.

As far as we are able we send the pupils away at the end of the junior year. They have then had all the first year's work and examinations. Classes vary in size and we have found that some of the pupils of a large class cannot leave here until they are well into their intermediate year. This happens when the class is very large. If the next class is small the condition solves itself, but when the following class is also large we have been able to send additional pupils at certain times. All pupils who cannot go at the end of their junior year enter the senior class and take up the senior work until they leave. Senior classes are given in the same order every year and pupils upon their return take up the senior work where they left it the year before.

It has been difficult for these hospitals to give our pupils consecutive

class work except in obstetrics, on account of the quarterly changes of nurses. This has necessitated our making provision for this instruction here either before the pupils leave or after they return.

When it becomes necessary on account of protracted illness to send a pupil to relieve another, it introduces an irregularity into the plans for the work which is hard for both schools to overcome as it takes a year to straighten it out.

It has been found difficult to allow sufficiently frequent vacations. No vacations are given during the year of affiliation, as the pupils are transferred at the end of the nine months from one hospital to another. As our school is several hundred miles distant from the hospitals with which it affiliates, the impossibility of granting vacations between affiliations is obvious. We plan to allow the first vacation at the end of the junior year and the second upon completion of affiliated work. This, we regret to say, is not always possible and even when it is it makes a further very undesirable break in the senior class and lecture work.

In a few instances where pupils have not begun the supplementary training until well into the third year it has been necessary to conduct final examinations by mail—a not altogether satisfactory proceeding for either school.

It is surely of great advantage to have pupils on general duty who are prepared to meet surgical or other emergencies which arise frequently in a large institution, which are not of sufficient frequency to give all pupil nurses proper training, but offer an excellent opportunity for supplementing their ward training of this character with work here among private patients. A further advantage is that when the senior nurse returns after a year's absence she finds an entirely new junior class. Practically all pupils who were on duty here when she left save her own classmates are either taking the affiliated training or are graduated. She is entrusted with various positions of responsibility and, as she is not acquainted in any way with the junior pupils, she is by reason of the poise gained from her varied experience and the junior's unfamiliarity with her able to maintain good discipline.

It would seem that the introduction of pupils from one school into another for so long a time would interfere with necessary discipline, but our two and one-half years' experience with the same affiliations has been devoid of anything approaching unpleasantness or friction between pupils of both schools. In fact, the homecoming pupils are, by their enthusiasm, an inspiration to the others.

WHY, WHEN, AND HOW TO BATHE A FEVER PATIENT*

By MINNIE LEE CRAWFORD

Graduate of the City Hospital, Henderson, Ky.

I do not remember who it was that wrote "Cleanliness is indeed next to godliness," but I do know that a nurse in training has a great deal of work in that line to do, and I have often wondered if the doctors really knew what it meant when they said "give the patient a bath."

When I first commenced in the training school I had a very obscure idea of what "the bath" was for; but after three years of work, both in and out of the hospital, I have concluded that baths are given, first, for cleanliness or to remove the dirt and dead epithelium; second, as an antipyretic or to reduce fever; third, to stimulate the function of the skin by reaction, increase the activity of the respiratory and circulatory organs; fourth, as a sedative.

When, one day, I heard one of the attending physicians remark that baths, properly applied, exert a tonic, eliminative, and antipyretic action, and that hydrotherapy played a most important rôle in the management of acute and chronic diseases, I began to realize that to keep my patients clean was not the only object of "the bath."

In brief, I was ordered to bathe my patients to promote cleanliness, to stimulate them, to quiet them, and to reduce temperature. If the patient needed stimulating, often the order was a cold bath. If the patient was very nervous, a warm bath was ordered, and if temperature was running very high, the order was either a hot or a cold bath, according to the nature of the case.

I learned to give the full bath, the half bath, the sponge bath, the spray bath, the sitz bath, the Turkish bath, the Russian bath, the sheet bath, the salt bath, the mustard bath, the hot vapor bath, the cold douche, the hot pack, the wet pack, the cold pack,—these with various modifications,—and the carbonated bath; until I began to think, as one of the attending physicians jocularly remarked one day, in a "hydrotherapeutic circle."

However, as my subject is "Why, When, and How to Bathe a Fever Patient," I will take up only those baths which are most generally used

* This paper received the prize offered by Dr. Cyrus Graham, for the best essay on this subject, the prize being a year's subscription to the AMERICAN JOURNAL OF NURSING.

in fever cases and not explain the different methods of giving baths in other diseases.

The full bath may be taken cold, tepid, or hot. I have been taught to give the cold bath from 50° to 75° F.; tepid, from 75° to 95° F.; warm, from 95° to 104° F.; hot, from 104° to 114° F. However, these rules are not arbitrary, and may be varied according to the condition of the patient.

The full bath is given in a tub full of water, or a sufficient amount to completely immerse the patient when he is lying down. This bath is sometimes used in typhoid fever. To give this bath warm and cold, the patient is put in a tub with water at a temperature of 100° and the water is gradually cooled to 80°, the trunk and extremities being rubbed while he is in the water, or he is stimulated with hot water and whiskey. This bath was ordered in collapse and was to last from ten to thirty minutes.

The manner in which we were ordered to give the celebrated Brand bath in typhoid fever was as follows: "The bath-tub is brought to the side of the bed and the patient lifted into it by two attendants so that the entire body is submerged, the head being supported on a rubber pad. Cold water is poured over the head and face during the immersion, or an ice cap applied to the head, and the entire body, with the exception of the abdomen, briskly rubbed during the entire duration of the bath. We were ordered to begin with water at 68° F., reducing the temperature at subsequent tubbings as low as 59° F. The duration is from ten to twenty minutes, according to the patient's reactive power, and the bath is repeated every three hours, day and night, regardless of sleep, so long as the rectal temperature exceeds 102.2° F. Before and after the bath the patient receives a glass of whiskey or aromatic spirits of ammonia (this is the usual rule). The patient is lifted out of the tub at the end of the bath and wrapped in blankets for half an hour, when the temperature is again taken, to note the effect of the bath."

The cold pack is another method used in persistent high temperature. The patient is enveloped in a sheet wrung out of warm water, and ice is rubbed over the entire covered body, while he lies upon a blanket in a bed protected by a rubber sheet. Hot water bags may be placed at his feet. Our instructions were to use this method only in extreme cases. Cold baths and cold packs should be applied with great caution and good judgment.

In giving the cold tub bath in typhoid fever, when we immersed the entire body (at a temperature of 95° to 70° F.) we were ordered to keep up active friction during the bath in order to bring fresh quantities

of heated blood to the surface. An ice bag should be applied to the head, and a stimulant may be administered before and after, if necessary.

SPONGING IN BED.—Of the many methods used, it is probable that the sponge bath, cold or tepid, is the most used, and one of the safest and most preferable. It is stimulating, tonic, antipyretic, and sedative. It is less apt to excite the nervous patient, and devoid of the danger of collapse, which often presents in the weak.

Preparation of the Bed.—A rubber sheet should be placed under the patient, and over this should be placed a woollen blanket. Some use simply an ordinary domestic sheet over the rubber sheet; but a blanket is to be preferred, because a woollen blanket will not feel damp and soggy like a sheet. Remove all clothing and place a woollen blanket over the patient. When about to commence to sponge a fever patient, we must first note the exact temperature of the body. The room should be heated to a temperature of 80°.

Some physicians have ordered me to first sponge the body with water at a temperature of 80° F. before beginning the use of the cold water, claiming that in this manner we avoid shock.

A basin containing equal parts of alcohol and tepid water, or cold water as desired, or vinegar and water (75° to 95° F.) is then placed on a chair beside the bed. Ammonia, cologne water, or vinegar added to the water makes it more cooling by its rapid evaporation. Also place beside the bed basins, sponges, and towels, or anything that may be required, as under no circumstances should a patient be left alone until the bathing is finished.

Commence at the head and sponge rapidly downward, exposing only one limb at a time. The sponge should be dipped frequently in the basin, and not squeezed too dry, as it is necessary, in order to get the full benefit of the bath, to apply plenty of the solution to the skin. The patient must be well protected by the blanket and only a small portion of the body should be exposed at one time. I deprecate the use of just a single sheet over the body while bathing, and prefer the blanket, because it does away, to a great extent, with the danger of the patient becoming chilled or catching cold.

When the whole body has been sponged, the skin should be dried with a soft towel and the gown replaced; or the patient wrapped in a warm dry blanket and left for thirty minutes, an hour, or even longer. The temperature may then be taken to ascertain how much the fever has been reduced.

A hot water bottle should be kept at the patient's feet during cold sponging, as with the feet warm there is less fear of chill or collapse

from shock. We must never forget that in a fever patient, as in all others, it is often the unexpected that happens, and that the danger of collapse is ever present. Sometimes my orders have been to continue bathing the patient thirty and even fifty minutes in order to reduce the temperature before leaving him. (If the patient is not nervous or excitable, and help is present, instead of sponging the patient so long at a time a full tub bath would be better, and there would be less danger of cold or collapse to the patient.) After cold sponging I have known the temperature to fall from one to four or even five degrees. The colder the water is the sooner the reaction takes place.

Another method of sponging which I have been ordered to use is by wringing towels out of cold water, dry enough not to drip, and placing them one after another, from the neck downward. When the feet have been reached, begin again at the head and renew each in succession, and continue as long as necessary. I have used this method on very nervous patients, with high temperature, and in twenty or thirty minutes the nervousness would be allayed and the temperature reduced.

In continued high temperature I have placed a sheet wrung out in cold water, starting at 100° F. and reducing to 80° or 70°, by placing the sheet around the body from the armpits to the pelvis, under a blanket, and keeping it there for fifteen or twenty minutes, with splendid results.

I have found the hot sheet wet pack, as described by Piernitz, very effective in many typhoid fever cases, especially in nervous, intractable children.

A warm mustard bath at 80°, 100°, or 105° F. is also well borne by nervous and peevish children, and is an excellent means of starting or favoring the elimination of toxic material. This bath is used mostly with children, and is best prepared by placing an ounce of mustard in a muslin bag and throwing it into the bath. This bath will dilate the superficial capillaries, produce a sense of warmth, allay nervousness and insomnia, and also reduce the temperature.

I have found that when I have been called to nurse a patient, several miles in the country, away from the conveniences of the hospital and cut off from communication with the attending physician, many emergencies arise that were undreamed of, and which try all the skill, nerve, and knowledge that a nurse can summon to her aid. Then it is that I learn the value of hospital training and hospital work.

"OUT OF THE WORLD"

By M. ELLEN KERSHAW

Graduate of St. Luke's Hospital, Chicago

It is indeed pleasant to be remembered when one has been out of the world for so many months. Out of the world? you might ask. Why? Are you not in that great northwest where fruit grows, with irrigation, so large that but one apple is needed to make a pie, one turnip suffices for a family, and potatoes weigh three pounds each? where oats, clover, and alfalfa are cut three times a year, yielding large crops at each cutting?

Yes, in various parts these things are all true. Yet, ninety-five miles from a railroad! Not a two hours' ride in a private conveyance, but forty miles by coach and four, and forty-five miles by automobile, taking, the shortest time, twelve hours; and when the "auto" breaks—some hours more for repairs.

Would you care to take the trip with me?

Come, don your heaviest winter clothes, not your medium weight, and we will start at seven in the morning.

Over a vast plateau we go, enormous sheep ranches, said by some to be the largest in the world, to us seeming to be boundless desert. But as we keep on the lookout for something of interest, we see Mount Hood appear on the horizon. Ah, it disappears as we begin the descent into "Cow Canyon." Down, down we go,—surely we will tip over for the winding road is narrow. Is it possible to make that turn? are we to go into that rock? No, the coachman, slow though his horses are, so is he sure. To the very bottom we wend our way, then through the canyon.

As we near Madras, ranches are seen where wheat is easily grown, for large fields spread on either side. At this little town we dine at one-thirty, then take the automobile and go on our way rejoicing. The country around us is covered sparsely with sage brush and juniper trees, the latter of which, by the way, began to grow some two thousand years ago, we are told.

The lava dust is thick and on our right see the vast pile of lava rock, layer on layer. "Where does that come from?" you ask. It is the supposition of a friend, a student of geology, that this entire region was at one time covered with hot springs, for white ashes or "cinder"

n out of
ght ask.
ws, with
e turnip
ere oats,
s at each

ve miles
nce, but
taking,
s—some

weight,

some to
t. But
Mount
descent
over for
are we
are, so
ugh the

grown,
dine at
g. The
r trees,
d years

of lava
It is
region
cinter"



AN OREGON COACH AND FOUR ON A JUNE DAY. OBSERVE
OVERCOAT ON DRIVER.



LAVA ROCK.

are
M
wl

T
be

tl
d
o
t
v

a
n
z
c

are still found, resembling that in the Yellowstone; and the Cascade Mountains are some of them extinct volcanoes. Mount Hood is the one which was last in action.

What a wonderful panorama we see—Hood, Jefferson, Washington, Three-fingered Jack, The Sisters, Broken Top, and Snow Butte, all beautiful snow capped mountains of the Cascade Range.

Large canals are now seen and green fields spread this way and that,—oases in the desert. We cross a tiny bridge and at last reach our destination,—Bend,—the beautiful little village situated on the bank of the Deschutes River. This tiny berg contains some 700 people, from the north, south, and east, congregated here to try to win fortune or wait for the railroad!

You ask, what of the nursing in this vast wilderness? The field is an open one, for but three graduates have wandered this way. As one might suppose, "experienced or practical nurses" are the ones sought for most, as the people have not yet been educated up to the point of desiring the graduates. A member of a family or a friend often cares for the patient. In one instance, an obstetrical case, the woman began to have pains and the physician was making a call some sixty miles away. He was located by "Central" at Bend and he instructed (by telephone) the friend what to do at that stage, jumped into his buggy and his horses fairly flew. Some ten miles further on he found another telephone and inquired as to conditions, found how the case was progressing and gave instructions. On the horses flew, until another telephone was found, same inquiry was made and instructions given. On he went, inquiring and giving instructions when the opportunity afforded, until before he reached the house the patient was delivered of a ten-pound boy; and, strange to relate, a good recovery was made, without a complication! Now the physician tells with great pleasure, how he conducted an obstetrical case by telephone.

As this is a new country, the ranch houses resemble the shacks of the working classes in our cities, may have one to four rooms, may be papered with lining paper or newspapers, with here and there a picture cut from a magazine.

In a little house at the foot of the Sisters Mountains, twenty-two miles from Bend, a tiny three-months-old baby had malnutrition. The physician wished to place it under the care of a nurse and finally succeeded because he needed her to assist him with perineorrhaphy, as the mother needed the operation. The dwelling consisted of four rooms, one of which was used for both dining and living room. This was used for the operating room and prepared by the nurse the day before. Of course,

she sterilized all things necessary so recovery was almost a foregone conclusion, especially since there are *no germs* in the country. This is a saying of the wise.

But the poor little boy? What could be done for him? Common sense, regular feeding, exact following of the physician's orders, and fresh air were all that were needed to make a wonderful difference in the little chap in two weeks.

What do you think was suggested to the inexperienced young mother by her neighbors and friends? Every kind of prepared food, of course, was tried by her a few days; burnt cracker added to gruel almost caused his death, poor boy. An ice pack, because *after* feeding the abdomen was enlarged and he was said to be mortifying. Fortunately the man's better judgment sent him to the telephone to consult the doctor, who assured him it would kill the child. Not satisfied with a close room, a hot fire was kept burning, though the child was clothed in flannel and the time of year was summer.

One can plainly see what an advantage a small hospital would be to a physician, since he must travel many miles to a patient. Not long since a nurse went to the Bend physician and said she would like to move there for the winter. Her work in obstetrics was satisfactory, so he rented a six-room house and called it a hospital. In about a week she brought her family to town, a family of five, to live with her.

A patient arrived for an operation and the nurse showed at once that her training in that branch had been sadly neglected.

In a month she found her family needed occupation, so she asked the doctor to rent the barn also so she might keep a cow and some chickens! A real hospital will be started in this part of Oregon in the near future, with a graduate nurse of general training at the head.

One of the greatest difficulties one finds is the length of time it takes to reach a patient, for, as we have said before, we are in a country of magnificent distances. If one receives a call, it may take two or three days before she can reach the patient and if the person is in a critical condition when the nurse receives the telephone message the result may be anything but gratifying.

People in this wilderness, the pioneers, do anything that comes to hand. In a neighboring town, a drive of only thirty-five miles reached by stage or private conveyance, the undertaker is furniture dealer, plumber, mattress manufacturer, and hardware merchant, so one can easily see that the services of a nurse at the time of death must be doubly gratifying to the family.

A unique custom in that town is that invitations are printed for

the funeral, on sheets of paper about four by seven inches and placed on the counters of the different stores in town. Then, on the day of the burial, each friend gathers all the flowers of her garden, makes her own floral design, and places it near the dear one who has passed away. The casket is imbedded in flowers. Where did all those flowers come from? one wonders. There are no florists for hundreds of miles and the wind blows ice cold over the plain and through the village, right from the snow covered mountains!

Have I been able to give you a slight idea of our field of nursing in this wilderness, where bears pass one's door, coyotes howl, wild swans fly overhead, wild ducks and geese may be had for—only the shooting of them? As I sit in my easy chair, by my little stove in my little log cabin 115 miles from a railroad (for I am twenty miles south of Bend) the coyotes are giving their nightly serenade across the river and my pretty dog Ring pricks up his ears and barks.

FOOD FOR THE SICK

By ROSAMOND LAMPMAN, R.N.

Graduate of the Brooklyn Homœopathic Hospital

It does not come within the scope of this article to enter into detail regarding the different food classes, their chemical elements, uses and value in individual cases, but to offer a few simple suggestions and methods of preparing and serving food best adapted to general cases, especially where fever is present, and in convalescence.

Whether it is in the hospital or in the home, sufficient attention cannot be paid to the food given to a patient. Poorly cooked food is frequently a cause of indigestion in health, therefore it must on no account be allowed to enter the sick room, for one has there to consider the enfeebled condition of the invalid's digestive powers, how little it takes to disturb them, and how necessary it is to save them as much labor as possible. If plain, simple cooking should be the precept in health, how much more should it be applied to the invalid's dietary; it cannot be too simple, nor can it be too daintily served.

In nearly all diseases, especially where there is much fever, there should be sufficient nourishment to save tissue waste, which is so rapidly going on, but this must be given in a liquid or semi-liquid form so that it will not overtax the already weakened digestive organs. The liberal

use of pure water, or some beverage composed principally of water, is also necessary, not only to relieve thirst, but on account of its diluent effect and to assist in eliminating the waste matter produced by this increased tissue-change. An acid beverage, such as lemonade or orangeade, constitutes the most refreshing of drinks in these cases, while barley water, rice water, and the old fashioned crust tea, with just a little lemon juice and sugar, offer a variety of drinks to the fever patient; if a larger amount of nutrient is required, these beverages may be combined with the white of egg.

Milk has the advantage of supplying the system with water and at the same time provides nourishment, as it contains all the elements necessary to sustain life during a long period of illness, and is, when perfectly clean, pure, and fresh, an ideal diet in most fever cases; that is if the patient is fond of it, and it can be readily digested and absorbed. Unfortunately there are persons who cannot take milk plain, and fail completely in digesting it. There are, however, several methods which may be used that will overcome this difficulty almost entirely. It may be given diluted with plain water or lime water, often vichy or seltzer will have the desired effect in preventing the tough curds from forming.

Since milk is more a food than a beverage it should always be taken very slowly and thoroughly blended with the saliva of the mouth before swallowing, or sipped by spoonfuls, small quantities at a time, at regular intervals.

The other important articles of diet in liquid form are the numerous meat extracts, juice, broths, etc.; these preparations should always be made from tender veal, mutton, chicken, or beef; these may be made more nutritious when they contain some farinaceous substance, as browned flour, powdered crackers, or bread which has first been toasted very dry, or a little barley or rice thoroughly cooked with the meat. Gruels made from barley, arrowroot, or rice are also very useful when carefully prepared. In cases where a large amount of meat broths cannot be taken, as in some cases of typhoid fever, meat jellies or beef juice are given in place of the meat broths, or they may be used in alternation with the fluids, thus giving the invalid a slight change from the monotony of a liquid diet.

During convalescence the regulation of the diet is still important, especially if the invalid is recovering from a serious attack of typhoid, as the condition of the bowel often demands the greatest of care, that the freshly healed surfaces be not injured by any hard, indigestible food; for serious results are likely to follow the slightest negligence in this respect.

The first step may be to increase the thickness of the broths or soups with fine bread or cracker crumbs, next junkets, gelatine jellies, water or milk toast, lightly cooked farinaceous puddings, custards, and creams. Slightly cooked eggs are also allowed, and finely pounded or scraped raw or very rare beef or mutton; this may be served quite daintily in the form of tiny sandwiches by placing the meat between thin squares of whole wheat bread. Oysters also form a pleasant variety of food for the convalescent before solid animal food can be digested. Fruits, such as sweet oranges and grapes, may be allowed, providing the skins and seeds are removed. Gradually other articles may be added to the dietary, as well-cooked breakfast foods, tender broiled beefsteak, or mutton chop and a well-cooked potato, creamed vegetable soups, crisp lettuce, baked apples, stewed prunes, or any of the subacid fruits, until the ordinary habit of diet has been resumed.

It is always important to have all food served to a patient as tempting as possible, and the linen, glass, and china ought to be the prettiest in the house, although the arrangement of the tray should be very simple. The Japanned trays, which come in all sizes, are the ones most commonly used, and they should be covered smoothly with an absolutely clean napkin or tray cloth. A bright, fresh flower or a few green leaves placed beside the plate or in a slender glass vase is a simple but attractive decoration, which seldom fails to please.

Beef Juice.—Take one pound of round beefsteak, and chop into very fine pieces; place in a covered fruit can with one cup of cold water. Let it stand in a cool place over night, or from eight to ten hours. Then strain through a cheese-cloth; season with a little salt and serve either warm or chilled. When reheating beef juice place the cup containing it into a basin of hot water, and stir constantly until warm. Care must be taken not to heat too much, as the albumin will coagulate and the juice will be unfit for use.

Mutton Broth.—Mince one pound of mutton, freed from fat, put into one quart of cold water, and let it stand in a jar on ice or in a very cold place three hours. Then cook two hours over a slow fire. Strain, cool, skim off the fat, season, and serve hot.

Chicken Tea.—This is best made from an old fowl. Wash and clean thoroughly, dissect the joints, and chop all into small pieces, crushing the bones; put into a saucepan; to one large fowl add three pints of cold water, one teaspoon of salt, and one teaspoon of rice; let it simmer slowly for three hours or until the quantity is reduced to one quart. Strain, cool, and remove all particles of fat.

Veal Broth.—Cut one pound of veal into dice; to this put one quart

of cold water, and let it simmer for three hours. Strain, cool, and skim. Reheat and serve.

Chicken Jelly.—Prepare the chicken as for chicken broth, remove all fat. Add cold water in proportion of one pint of water to each pound of chicken. Heat the water slowly at first, and then allow it to simmer until the meat falls from the bones, or until reduced to one-half the quantity. Strain and remove the fat; then clear with an egg, season with salt, pepper, and a little lemon juice. Turn into moulds and chill.

Calf's-foot Jelly.—Take two calf's feet, split them, and wash thoroughly. Add one quart of cold water and simmer four hours. Strain, and when cold remove the fat. Put into a saucepan with one cup of sugar, the juice of three lemons, and a small piece of stick cinnamon (bruised); when the sugar is dissolved, add the whites of two eggs well beaten with three tablespoons of water. Stir until it reaches the boiling point, then add one wine glass of sherry wine, and allow it to simmer gently fifteen minutes longer. Strain through a jelly-bag three times. Pour into moulds and chill.

Nutritious Beef Tea.—To one pint of strong beef tea add two tablespoons of well-cooked oatmeal, stirred smooth with two tablespoons of cold water. Boil together for six minutes, stirring constantly. Strain through a wire sieve, and serve hot.

Oyster Broth.—Take one cup of chicken broth and add one-half cup of oysters, bring to the boiling point, season with salt, and serve at once. This may be given to those who object to milk broths.

Clam Broth.—Wash and scrub one dozen clams and put in a kettle with one-half cup of cold water. Cook until the shells open. Take them out, remove from the shells; cut off the soft parts and chop very fine. Add one cup of milk to the juice. Melt one teaspoon of butter and to it add one teaspoon of flour, pour on gradually the hot liquor. Cook five minutes; season with a speck of salt and white pepper, add the soft parts of clams, and serve at once.

Barley Gruel.—Heat one pint of milk in a double boiler. Blend one tablespoon of barley flour in a little cold water until smooth, and stir into the scalded milk; cook two hours. Season with salt, strain, and serve hot. Sugar and a little cinnamon may be added if desired.

Rice Gruel.—Blend one tablespoon of rice flour with a little cold water until smooth, and add gradually to one quart of boiling salted water. Cook in a double boiler until it is transparent. Strain and sweeten to taste. If too thick it may be diluted with a little hot milk or cream.

Arrowroot Gruel.—Heat one cup of milk in the double boiler. Blend

one tablespoon of arrowroot in a little cold milk, and add slowly to the boiling milk. Cook twenty minutes, add salt, strain, and serve immediately.

Barley Water.—Put one ounce of pearl barley in a saucepan with one quart of cold water, and bring slowly to a boil; cook for two hours. Strain and cool. Do not flavor or sweeten until just before serving.

Rice Water.—Wash three ounces of rice in several changes of water, then put into a saucepan with one quart of boiling water and one ounce of raisins; boil gently for an hour. Season with a little salt, or it may be sweetened. Strain and serve cold.

Crust Tea.—Boil one quart of water, and pour it over two slices of very brown toast. Let it steep for half an hour. Strain, season with a little salt and serve hot or cold. If preferred a little sugar and cream may be added, and the salt omitted.

Orange Flip.—Beat one egg very light, add one teaspoon of sugar, one-fourth glass of orange juice, and one tablespoon of brandy. Blend thoroughly and pour into a glass; fill with cracked ice and ice water, stir well and serve at once.

Lemonade or Orangeade.—These beverages are best when made with boiling water, then strain and set on ice to cool.

Albuminized Wine.—Beat the white of one egg to a froth, add slowly one tablespoon of wine, a little cracked ice, and one teaspoon of sugar. Blend well and serve at once.

Albuminized Clam Water.—To one cup of cold water add enough clear clam juice to make it the required strength; to this add the unbeaten white of egg. Blend thoroughly in a covered glass or milk shake. Set on ice until cold, shake again, and serve.

Albuminized Grape Juice with Milk.—Beat the white of one egg to a froth, add one tablespoon of sugar, one-half cup of milk, and four tablespoons of unfermented grape juice. Blend well and serve very cold.

Milk Lemonade.—To one pint of boiling water add two tablespoons of sugar, one tablespoon of sherry wine, and one tablespoon of lemon juice. Boil three minutes, then remove from the fire and add one cup of cold milk. Strain and set on ice to cool.

Tamarind Water.—Boil four ounces of tamarinds and three ounces of raisins in two and one-half quarts of water slowly for twenty minutes; then strain and set on ice to cool. This is a very refreshing drink in fevers.

Milk, Egg, and Brandy.—Scald one cup of milk but do not let it boil, then set on ice to cool. Beat one egg very light, add one teaspoon

of sugar, and one dessert-spoonful of brandy, then add the scalded milk. Serve very cold.

Frothed Egg.—Break one egg with care, that the yolk may be kept whole, and place this to one side. Beat the white until stiff and dry, add a sprinkle of salt and heap in a small dish or on a round of toast; make a little dent with the back of the spoon in the top of the mound, and drop in a small piece of butter and the yolk. Dust over the top with a little salt and pepper, and place in the oven for a few minutes or until the egg sets.

Scrambled Eggs.—Beat two eggs, one saltspoon of salt, and a speck of white pepper until the eggs are frothy; add four tablespoons of sweet cream, and turn the mixture into a double boiler. Cook until the albumin of the eggs is just coagulated, stirring all the time. Serve on squares of toast.

Soft Boiled Eggs.—Put the eggs in a saucepan of boiling water; place on the back of the range, or where the water will keep hot without boiling, for ten minutes.

Wine Junket.—Dissolve two tablespoons of sugar in three tablespoons of sherry wine, and one tablespoon of lemon juice. Heat one pint of sweet milk until luke warm. Remove from the fire and add the wine and sugar. Dissolve three-fourths of a junket tablet in one tablespoon of cold water and stir quickly into the mixture. Pour into sherbet glasses, and set in a warm place until firm. Then place on ice until cold. Serve plain or with a little whipped cream.

Wine Junket Ice Cream.—Prepare in the same manner as for wine junket, and freeze in an individual freezer or by placing a small pail into a basin of chopped ice and salt. When partly frozen add one cup of whipped cream, sweetened with one tablespoon of sugar.

Irish Moss Jelly.—Pick over and wash one-fourth cup of moss, let it soak in two cups of milk one hour. Cook in a double boiler until the milk steams. Add a speck of salt and sugar to suit the taste. Strain into moulds and chill. Serve with cream.

Bread Jelly.—Take three slices of bread, remove the crust and toast them a delicate brown. Put the toast into a saucepan with two pints of cold water and let it simmer for two hours. Strain through a jelly-bag. Sweeten and flavor with a little lemon juice or wine. Pour into moulds and chill.

Plain Custard.—Heat one cup of milk in a double boiler. Beat the yolks of two eggs until frothy, add to them two tablespoons of sugar and a speck of salt. Pour the hot milk over the mixture, stirring constantly. Cook until the mixture thickens, stirring all the time while

it is cooking. Strain, cool, and flavor. Beat the whites of the eggs until stiff, and fold into the custard. Chill and serve. For a soft custard omit the whites of eggs.

Lemon Cream.—Soften one teaspoon of gelatine in a little cold water, and stand over boiling water until completely dissolved, then add one-half cup of sugar dissolved in one-half cup of lemon juice. Set on ice or in a pan of ice water and stir until the mixture begins to thicken. Whip one cup of cream until stiff and fold into the first mixture. Turn into moulds and chill.

WHAT TO SEE AND HEAR IN NEW YORK

By MARY E. THORNTON, R.N.

(Continued from page 259)

THE Metropolitan Museum, which every New Yorker "hopes to be able, some day, to visit," and where may be found expression of nearly every form of art, may be made to serve as a never-ending source of pleasure. It is not uncommon to meet some one who has "done" it in a day—of course she never goes back.

The Chairman of the Art League of the Public Education Association has under way the formulations of plans for a systematic study of the museum; a brisk walk with just a short visit to the entrance hall will give one more than she could get in any other way—wonderful tapestries illustrating scenes from the lives of Antony and Cleopatra; Macmonnies' exquisitely modelled "Bachante"; Roden's "Primitive Man," his "Le Penseur," his "Hand of God"; Borglum's "Mares of Diomedes"; Barnard's "Struggle of Two Natures," the replica of Houdon's "Washington." For a longer visit, the centre hall will discover the model of the Notre Dame in exact fac-simile; a model of the Parthenon, one of the Pantheon and one of the Acropolis, pulpits from Santa Croce, and the Sienna Cathedral.

In pictures, Rembrandts, Vermeurs, Hals, Maures, Corots, Monets, Le Pages will minister to many moods.

The Bosco Reale frescoes and the Pompeian bed chamber; the collection of ceramics including the exquisite Chinese porcelain; the examples of Jacobean Chippendale, Sheraton and Heppelwhite; the room of glass (a reproduction of the *galeries des glaces* at Versailles, and containing the jade collection should be visited only at night), and the library with its thousands of volumes, are all free to the public every day except Monday and Friday; on Saturdays from 10 A.M. to 10 P.M.

The Appellate Court House has many fine examples of sculpture and painting.

The New York Historical Society, in its new building in Central Park West, has a large and valuable collection of paintings and is the place par excellence to study the history of the United States.

The Museum of Natural History affords wonderful opportunities for the study of the gnat or the dinosaur—the study of entomology is made specially delightful, light-proof cabinets arranged against the wall, reference books, and instruments being provided, as well as lockers where material may be kept. This study and that of birds would make interesting many a so-called lonely exile on a case in the country, for the material is always at hand. In the Foyer of the museum the planetarium has the path of Halley's comet indicated daily.

The Aquarium in old Castle Garden, with its many specimens, is quite as interesting historically, and exteriorly because of its effective setting, as it is interiorly.

The Immigration Station on Ellis Island, a door through which on one day last year 5200 immigrants came into the United States, its hospital arrangements, and the quarantine stations are well worth visiting, as is Sailors' Snug Harbor, an institution unique in that it can never spend all its money.

Frauncis Tavern, Van Cortland Manor House, and Jumel Mansion are well worth visiting. Van Cortland and Jumel are open daily, and afford a good opportunity to study the furnishings and life of their period. Bronx Park affords much that is interesting in zoölogy and ornithology, as well as in its botanical gardens, with the rare orchids and palms. The Central Park conservatories, justly famed for the chrysanthemums, have, too, many beautiful roses and orchids as well as rare palms.

Quite the most marvellous thing in the way of buildings is the Hudson Terminal; its height above is imposing enough, but down in a pit ninety-five feet below the level of the street one finds a railway station whence trains may be taken to almost any place, shops where almost any necessary purchase may be made, including marketing and having the viands cooked and ready for the commuter at any designated time. Some idea of the number of people estimated to enter this station may be made from the fact that the bootblack privilege is leased for \$11,000 per year.

For the professional side, New York abounds in opportunities for keeping in touch with one's work. In the Academy of Medicine one may find posted the operations to be performed in the various hospitals. To

be present at any one of those is only a matter of asking permission. At the Roosevelt Hospital, every Saturday afternoon, about three operations are performed, the histories given, and every step explained. There is afforded an excellent opportunity to study surgical technic. Nurses are always welcome. At the Academy of Medicine the Harvey lectures given at 8.30 on Saturday evenings until May are most interesting.

The Playground Association of New York has arranged a play course for adults; the course is designed to give practical points to workers with children in clubs, playgrounds, etc.

There have been started through the Political Equality League of Self-supporting Women some classes in Good Government, the subjects, parks, amusements, tenement house department, health and street cleaning, ought to appeal to nurses.

Conferences are held under the auspices of the Charity Organization Society on the third Tuesday of each month until May 1 in the United Charities Building. Nurses are invited to be present at these conferences, which are convened at 11 A.M. and the topics for consideration are always those in which nurses are or should be interested.

At the School of Philanthropy, February will commence the second semester of the evening course for those engaged in social work. At the Museum of History on Saturday evenings during February a course of lectures on foods is to be given.

NURSING IN MISSION STATIONS



(This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.)

THE STUDENT VOLUNTEER CONVENTION

THE convention of Student Volunteers for Foreign Missions, which is held once in four years, has just closed a five days' session in Rochester. Three thousand six hundred delegates were in attendance and some of the best speakers of the country addressed the meetings. "The evangelization of the world in this generation" is the aim of these young people, many of whom are finishing courses of preparation for missionary work. From the few sessions we were able to attend, some facts were gathered which may be helpful to those nurses who are thinking of taking up missionary nursing.

At one session, the question of qualification for missionary candidates was considered, and these were given as important: first, the spiritual qualification; next, the candidate must be well equipped in his own line of work. He must have a high standard of personal health, and must have a full mental equipment, in order to cope with the new intellectual problems of eastern lands. He must have the high moral qualifications which include purity of life, and also social qualifications which give the ability to live in close relationship with uncongenial people, not only natives, but fellow missionaries. He should be large enough to sink his own personality in the interest of the work. His (or her) age should preferably be under thirty, as it is difficult to learn a new language after that time.

In one of the Presbyterian sectional conferences, Dr. Stanley White said, in answer to a question, that three or four trained nurses are needed by his board, and that support is ready for one. Mrs. Coy, of the Woman's Board of the Northwest, said that the greatest number of appeals coming to that board is for women physicians and nurses, that in some cases hospitals are built and their equipment ready, but the workers cannot be found.

In a sectional meeting on China, in which all denominations having

missions there joined, Dr. Tooker gave a clear idea of China's limitations in the matter of native medical help. It is behind the rest of the world in medical science. There are no native Chinese hospitals, for hospitals are a result of Christian civilization, and if there were any, there would be no Chinese doctors ready to man them. There are no insane hospitals, no quarantine regulations, no efforts are made to control an epidemic of plague or cholera. Smallpox patients are not isolated. There is no knowledge of hygiene, no effort to prevent or cure tuberculosis, no knowledge of dentistry. The knowledge of medicine is inadequate to modern needs, such treatments as are given by native doctors are either inert or harmful. They are still using such remedies as tigers' teeth, or deer's horn, ground fine; green worms or centipedes bring high prices for chemical compounds. The native doctors cannot perform surgical operations because they do not know how to control hemorrhage. A native doctor who caused a hemorrhage by opening a boil was carried off to jail, while the patient was left bleeding. There is no knowledge of anæsthetics.

The doctors of the future must be educated in Christian schools or they will be agnostics with low standards of personal morality.

Miss Osborne, a missionary at home on furlough, told how large a territory in the region where she is at work is without medical care,—500,000 people without a physician. On the streets of her city it is common for one to meet a man carrying across his shoulders a pole, from one end of which is slung a basket, from the other a stone. He stops and offers to sell you the contents of the basket for twenty cents, gold. He lifts the cover and reveals the form of a baby girl. If you refuse to buy, the basket and stone will be cast out together.

Mrs. Labaree, a missionary from Persia, said that in her station new missionaries were classed by the women as the smiling-faced and the heavy-faced.

One impression we received from the conference as a whole was that nurses are not yet recognized as a strong factor in mission work, but that the demand for them is rapidly increasing; and that nurses are not yet responding well even to the few calls that come for them. Of the thousands of students in attendance on the convention, from all sorts of schools, colleges, and clubs, we heard of only one nurse being present, though there may have been more.

The indifference of nurses in general to foreign mission work is largely due to lack of education. Most nurses go from the high schools or grammar schools to their hospital training, missing the college courses where the students are well informed on all kinds of missionary work

through speakers from the outside who are constantly called upon to address them. It would be well if such speakers were invited to address student nurses at least once during their course, so that they would be intelligent on the subject and could decide better when a call arises for missionary nurses whether it is work for which they are fitted and to which they would be glad to give themselves.

K. DEW.

The China Medical Journal, published by the Medical Missionary Association of China, which comes regularly to our desk and which is one of the most interesting medical journals we receive, reports that the University Hospital of Canton has secured two foreign-trained doctors and a nurse. The hospital building and permanent residences are soon to be built. The nurse is Mary C. Soles, graduate of the Pennsylvania Hospital Training School.

A fresh appeal is made in this magazine by Cora E. Simpson of Foochow for a closer union of missionary nurses in China. She says, in part:

"I, for one, feel the need of coming in contact with the other nurses of China. In the past the nurses have many of them been engaged in other lines of work, but now as in many places, plans are being made to open nurses' training schools; is not the time ripe for us to have a more united work? In the home lands we feel our state and national conventions are great sources of help and inspiration. Perhaps here we would not be able to meet so often on account of the long distances, expense of travelling, and being unable to leave our work for any length of time, but I wonder if we, the nurses of China, could not plan to meet at Hankow next China New Year time, when the physicians have their meeting, and talk over our work together. I know there are nurses' training schools in Peking and Nanking. I would like to meet the ladies who have them in charge, and hear of the work already accomplished and of the plans for the future. If we could plan to meet at the same time and place as the physicians, we would have the opportunity of meeting them and the inspiration of their meetings and presence, and of gaining valuable information from their years of experience and work in China. After such a meeting we certainly would go back to our work with fresh courage, new ideas, and a deeper feeling of helpful fellowship than we ever had before. Dr. Hatfield and I, from our Mission, expect to go. I would like to meet many more of China's missionary nurses there. Let us hear what the other nurses think about it. Can't you plan to go?

"The nurses of South China were the guests of the Fuhkien Med-

ical Association at Kuliang this summer, and greatly enjoyed the papers and discussions. Later in the season, the nurses met one afternoon at Rest Cottage and spent a pleasant and profitable time together. We have chosen Friday of each week as our day of prayer, because on this day the great Physician suffered for us all. We want it to be a special day for prayer for physicians, nurses, hospitals, and all medical work in China. We hope to have more meetings next summer."

RELAPSE IN SCARLET FEVER.—The *Medical Record*, quoting from the *British Medical Journal*, says: J. W. Fox comments on certain conditions which may be mistaken for scarlet fever. One is measles and particularly German measles, in which the error reveals itself in about eighteen days after admission to hospital. Another condition is one produced by food poisoning. Here we have a scarlet rash followed by some fever and a sore throat, but this is never followed by the regular complications of the true fever and the desquamation, if any, is different. It often arises in several members of the same family at the same time. Some of the cases find their way into hospital wards and contract the true disease. A third form is the following: A patient is admitted with true scarlet fever, which runs a typical course. Yet sometimes after the nephritis the rash reappears, the patient is again acutely ill, the tongue repeals and he seems in every way to have another attack of the disease. Nephritis never redevelops. Are these true relapses; are we dealing with two distinct diseases; are the symptoms of the relapse nephritic or are they due to a pyogenic dermatitis? Sometimes the nephritis is wanting in the primary attack, but appears in the secondary. The author has never met a practitioner who remembers having seen a relapse of any other exanthem. He gives no answer to his own inquiries.

FOREIGN DEPARTMENT



IN CHARGE OF

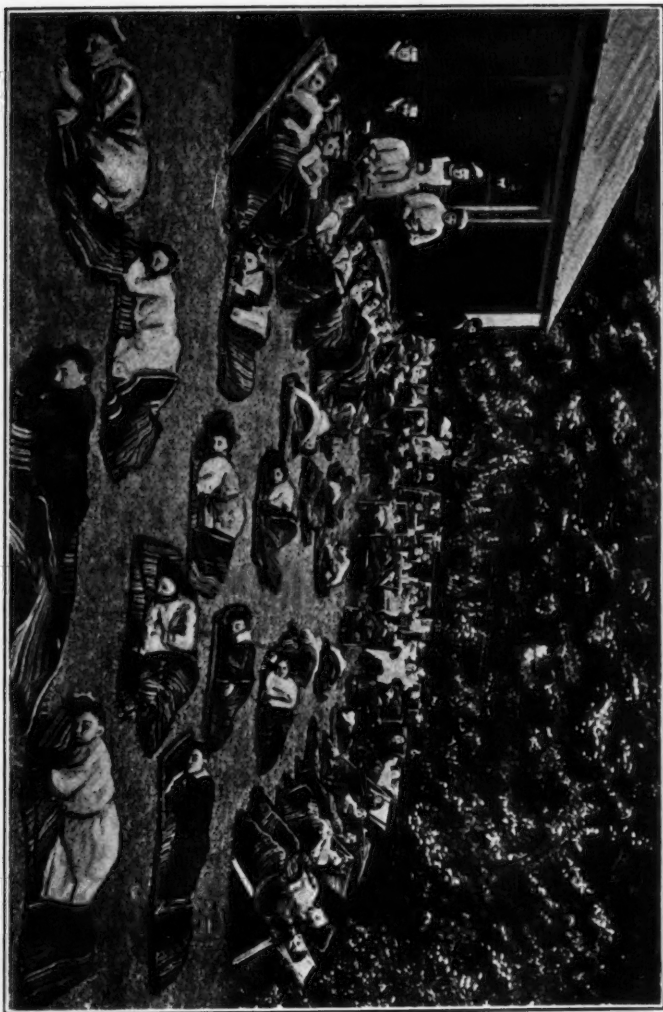
LAVINIA L. DOCK, R.N.

A LONDON COUNTY COUNCIL OPEN-AIR SCHOOL

WHILE in London last summer I was enabled through the kindness of Miss Pearse, head of the London public school nurses, to visit one of the open-air schools which the London County Council maintains for delicate children as a regular part of the public school system. These schools are situated in different regions of the city, so as to be accessible to the children within certain areas. We travelled far to get to the one shown in the illustration, though still within city limits, and found a fine old mansion once used as a private dwelling now arranged for its present purpose. It was rented by the school authorities, and as it is spacious and roomy, with large, ample gardens, it made an excellent open-air school. In the gardens there had been put up the open pavilion on the plan of the German *Liegehalle*, with three sides of frame and the other open like a porch. Here the children recited and studied in pleasant weather. When it rained hard or was too damp, they retired to the large airy rooms in the house, where open-air conditions were available with open windows and fires. Regular school hours were not kept, but the children came earlier than to ordinary school, and stayed until six o'clock. A trained nurse was in charge of the general hygiene of the children, under the supervision of Miss Pearse and the physician. Teachers, of course, were there for class-work. The nurse saw to the children's baths, given under the physician's directions, as were also their exercises and games, as well as study work. She watched the heart cases to see that they did not overdo, weighed the children, took measurements, and kept records of various kinds. She was responsible for their diet, which was prepared in the house by competent assistants. As the children were there all day, they had regular meals, with such extra diet as was ordered by the physician. All sorts and varieties of delicate children are collected into the open-air schools: heart cases, anæmic, under-nourished, nervous, debilitated children, and those inclined to chronic ailments. It was a delightful place, the children ideally cared for, and such an inspiring atmosphere of enthusiasm and belief in child-culture radiated from teachers, nurse, and housekeeper. Miss

ndness
one of
ns for
These
ossible
he one
ound a
for its
s it is
cellent
avilion
he and
lied in
retired
s were
re not
stayed
ygiene
rsician.
to the
re also
ed the
n, took
onsible
stants.
h such
ties of
cases,
ose in-
ideally
elief in
Miss

REST HOUR IN AN OPEN-AIR SCHOOL.



P
st
fu

or
in
pe
sa
SI
pe
to
in
P
O
T
th
ca
pr
ho
th
ce
m
It

tr
Ge
Sc
Si
wh
ne
re
ha
wo
do
wh
gi
cu

Pearse herself is a splendid woman to be at the head of a public school staff. Her ideals are large and fine, as she sees in each little waif a future citizen of a great state.

THE NEW SCHOOL FOR NURSES IN ROME

THE nurse who is to have the very interesting and rare privilege of organizing the new school for nurses in Italy, at the beautiful *Policlinico* in Rome, is Miss Dorothy Snell, an English nurse admirably adapted by personality and experience, knowledge of language, and the general *savoir-faire* needed in the beginnings of things, for her important post. She has been for some years matron of a military hospital, and held a post as army Sister during the South African War. Miss Snell will go to Rome on the first of March, and the staff of head nurses will be installed about the middle of the month. They will begin their work in Professor Bastianelli's pavilion of seventy-two beds and operating rooms. Our warmest congratulations and best wishes are extended to them all. The task they are undertaking is so much more important and interesting than discovering the North Pole or flying across the channel, that we cannot understand why all the papers are not full of it instead of those prosaic every-day concerns! The nuns remain in administrative and household economic positions, and as they are past masters of skill in those posts the new régime at the *Policlinico* ought to be entirely successful. Nurses wishing to inquire should write to Miss Snell, the matron; addresses in English, Polyclinic Hospital, Rome, Italy, will do. It will be, however, useless to apply without a *good* knowledge of Italian.

SISTER GERDA'S DIARY

Too little time, or not knowing how to catch up with it, has so tricked us that we have not sooner given notice to a book written by a German private duty nurse, called *Dornenpfade der Barmherzigkeit aus Schwester Gerda's Tagebuch*. The book is edited and brought out by Sister Henriette Arendt, and has a preface by Sister Agnes Karll, than whom none knows better the mental and spiritual as well as the material needs of all nurses. It is a singularly candid and artless piece of realism, full of sordid and painful details, as realism always is. Perhaps no more piercing evidence of the need of an ideal in all and any work having to do with human beings could be found, and there is no doubt that, of all the branches of nursing, private duty is the one in which the ideal is most easily lost or obscured. We say "most easily," giving all recognition to those who maintain noble standards under circumstances of such difficulty.

The foreword by Sister Agnes is an impressive warning and message of wide social import, the serious voice of authority coming from the deep-natured, high-minded woman, pointing out the weak and wrong features in an age when human values are slowly coming to tip the scales against materialism.

AN INTERNATIONAL VICE-PRESIDENT FOR JAPAN

THE International Council of Nurses is honored by the consent of Japan to give an honorary vice-president to the Council. Miss Take Hagiwara, the fraternal delegate of last summer's congress, has accepted the position with the friendly assent of Prince Matsukata, president of the Red Cross Society of Japan. Miss Hagiwara's many friends in the Council are delighted and gratified.

ITEMS

WE warmly congratulate the nurses of India on the growth of their association work and prospects of a magazine, as shown by the following notes sent by Miss Thorpe:

The annual conference of the Association of Nursing Superintendents of India was held in Agra on December 8 and 9. The sessions were held at the residence of Rev. J. P. Haythornthwaite, principal of St. John's College. Mrs. Haythornthwaite had kindly offered to arrange for the entertainment of the delegates, and the success of the conference is largely due to her untiring efforts and generous hospitality.

The first session was opened by Rev. Theodore Wynkoop, of Allahabad. In the absence of the president the opening address was made by the vice-president, followed by the report of the secretary and treasurer.

The following officers were elected for the ensuing year: president, Miss Tippetts, Mayo Hospital, Lahore; vice-president, Miss Creighton, Jaunpur, U. P.; secretary and treasurer, Miss Thorpe, Belgaum, Bombay Presidency. Miss Tindall, Cama and Allbless Hospitals, Bombay, was appointed a member of the Executive Committee. Ten new members have joined the association during the year.

The following papers were read and discussed: "Provincial Training Schools in India," Miss Martin, St. Catherine's Hospital, Cawnpore; "Some Advantages of Joining the Trained Nurses' Association of India," Miss Mill, St. George's Hospital, Bombay; "Three Years' Training," Miss Tindall, Cama and Allbless Hospitals, Bombay; "Private Nursing and Nurses in India," Mrs. Davies, chief lady superintendent, Lady Minto's Indian Nursing Association, Simla; "How are We to Find a Better Class of Indian Girls for Training; and Is it Wise to Raise

the Standard?" Miss Creighton, Jaunpur, U. P., Miss Ferguson, Palwal, S. Punjab.

A provisional constitution and by-laws were drawn up for the Trained Nurses' Association of India, and arrangements were made to publish a monthly journal as the organ of the two associations.

The first number of the journal will consist chiefly of the reports of the conference, and will, it is hoped, be ready by February 1, 1910. The magazine will be edited by Mrs. W. H. Klosz, Akola, Berar, and Miss Thorpe, Belgaum, will be its manager.

VARIOUS inquiries are at hand regarding work in foreign hospitals that is open to American nurses. The American Hospital in Paris is now open, and inquiries for positions should be addressed to Mrs. A. H. Lough, 55, Boulevard du Château, Neuilly-sur-Seine, Paris. Nurses taking posts there are required to stay at least six months if their services are satisfactory. The salary is \$40 per month, with living.

A NURSE asks for a list of foreign hospitals employing American nurses, but no such list can be given, as there are no such hospitals. It is possible that an American nurse, by dint of personal initiative and by being on the spot herself to go and see the necessary authorities, might succeed in getting into almost any foreign hospital for special reasons and upon special conditions, but these reasons and conditions would vary so greatly, and be so entirely a matter of personal arrangement, that no information can be given as authoritative. It is possible that there may be opportunities for the next two or three years, in the new Roman school at the Polyclinic Hospital. The latest news of this will be found in another paragraph.

THE *Flemish Nursing Journal* mentions a strong anti-alcohol propaganda which is being carried on in the hospitals there. As against the views of five years ago, that some kind of drink was necessary to maintain vigor, the physicians now insist that alcohol is always a poison, and many hospitals demand total abstinence from their entire staff, internes as well as orderlies and men nurses. In Hungary, also, Minister Andrassy has required total abstinence for all the medical and nursing staff of state hospitals for the insane.

Echoes of the anti-alcohol crusade come from Germany, too. A monster petition for the right of local option has received notice in the German nurses' journal and the members have all been urged to sign it.

Unterm Lazaruskreuz announces the formation of a Swiss nurses' association. Preliminary meetings were held in October and November, and articles have been adopted applicable to the whole of Switzerland, and providing for local and cantonal groups. The association takes in medical men and women, men nurses, and at present admits nurses of well children. This will probably prove, as time goes on, to be too inclusive, as the problems to be met will be entirely different and there will be no common meeting ground except that of living conditions, which is the one interest common to all workers. The combination suggests that either the children's nurses are very advanced, or that the trained nurses for the sick are pretty far behind.

AUSTRALIA, we observe in *Kai Tiaki*, has begun to move definitely toward state registration of nurses. When the Australian journals come to hand we shall report the latest details.

MR. SYDNEY HOLLAND is still opposing registration because of the nurses who will be sure to become "flighty and flirty, drunk and dotty." The English opposition papers still refuse to see that registration is an educational question, just as the government refuses to see that the women's claim is a political question. Why men should pride themselves thus on appearing stupid or dense of understanding is not clear. Ignoring all the stimulus and progress on the educational side, the English enemy is rejoicing in the thought that registration in America is a failure because it does not prove to be a huge intelligence office.

THE pioneer nurses in Italy are greatly exhilarated by the appearance of a very remarkable book written by Professor Baccarani of Ancona, in which he makes a most enlightened and radical plea for the complete revolution of the nursing side of Italian hospitals. The interesting thing is that he has worked it all out for himself, not having known of the strivings of Miss Baxter and Miss Turton, and having done his studying of the question quite independently. He shall go into the third volume of "History," which was begun on New Year's Day.

MRS. FENWICK, whose sympathetic interest has been strongly centred of late upon prison conditions of unsanitation and non-hygiene, and who presented the resolution at the congress calling for trained and taught staffs of prison wardresses, has formed an "Elizabeth Fry League," to work for the improvement of prison deficiencies in matters

relating to mental and physical health. A most admirable undertaking—and the article in the *British Journal* for December 18, in which the plan and aims are set forth, is deeply suggestive and appealing.

THE training school for nurses in Paris has had a most satisfactory final examination, and a number of the most meritorious graduates have been placed on the permanent staff. The nurses who have received their certificates are forming a nurses' league or *alumnæ* association, a very interesting mark of the new order of things.

MEDICAL DIRECTOR WISE, speaking at the Association of Military Surgeons in Washington, declared one of the greatest needs of America is more general education among medical men. The need is felt particularly in the public service.

"I would rather appreciate the things I do not have, than to have things I do not appreciate."—*Unknown*.

HOPES

A St. Nicholas League member in February St. Nicholas.

When I was small, I hoped for toys
And dolls and sweets galore,
And then when I was six I wanted
Books of fairy lore.

At seven, I wanted roller skates;
At eight, I yearned for wealth;
But now that I'm eleven
All I really want is health.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF
HARRIET FULMER

NEIGHBORHOOD NURSING

By ADELIA STEEL, R.N.

Graduate of the Presbyterian Hospital, Pittsburg and Allegheny; Visiting Nurse
of the Woods Run Industrial House, North Side, Pittsburg, Pa.

THE nursing profession now covers three fields of activity, hospital nursing, private nursing and the neighborhood work. The first is, naturally, the most technical, but also the most mechanical. Everything is done in its prescribed manner. Every instrument and every convenience are at hand to make the work successful. The doctor is ever present and in any time of difficulty his aid can be quickly summoned.

In private nursing, the work is not quite so mechanical as the hospital work but, in most cases, every convenience is provided, because the home, for the most part, can well afford to pay for them; but with the neighborhood visiting nurse most of the work depends on personality and initiative. The centres from which a visiting nurse goes out are generally those interested in philanthropic work with no superabundance of money or equipment. The nurse, therefore, must make the most use of what is at hand and act as her knowledge dictates.

As the people of the neighborhood in which the visiting nurse works generally represent the working class, it is necessary for the nurse to become a friend before entrance can be gained to the home. The reason that the poor have for acting in a hostile manner, in most cases, to the first visit of the nurse is from the fact that they have been exploited so much by unscrupulous people that it makes them suspicious of people who are not of their class. The personality of the nurse is, therefore, the thing that gains her admission to the home. If she shows a kind, warm-hearted interest in the family and can show that it is with a well-intentioned mission that she comes, she is not only received the first time but, on every future visit, is welcome. The nurse who enters

neighborhood work with an idea that she is doing a charity work and that the people, therefore, ought to be glad to see her come, will find the door closed against her many times, and, in fact, will not gain admittance at all unless they are in dire need. She must be conscious continually that it is only a circumstance of having less money than others that makes a family poor, but this condition does not always indicate that the standard of manhood and womanhood in the family is low. If the family, therefore, is approached with that optimistic spirit, the nurse not only gains admission to the home to attend to physical ailments, she becomes a confidante of that family, and thereby is the first to help in the social uplift. Gossip should be a thing unknown to the visiting nurse.

The other good quality, personal initiative, is most requisite. If, when visiting in the neighborhood, the nurse should suddenly find herself confronted by a case that needs immediate attention, and no physician is within hailing distance and some form of relief is necessary, she must tackle the case alone and stick by it until assistance comes.

There is scarcely any affliction but is met with by the visiting nurse in the poorest sections of our large cities. In the homes of the very low, disease is due largely to neglect and personal uncleanness, surrounded by unsanitary conditions. Among others, accidents and malnutrition are the causes. Cases of blindness, deafness and dumbness, and deformities, all due to neglect, are found. It is the nurse's duty, not only to have these properly placed and treated but, in the most careful manner, to eliminate the causes and intelligently raise the standard of the home, that future cases may not develop.

While visiting in a home recently to look up a case of a one-year-old child that was blind (and will be so permanently, but could have been given its sight if the proper medical care had been given it when born) I also found a seven-year-old boy whose leg was drawn up in V-shape with the knee quite rigid. I found the child had fallen, broken the leg at the knee, and, never having had a physician, the bones knit in the position described. I referred the case to a specialist on children who performed an operation and, after lying in a hospital six months, the boy left using both his legs. Two similar cases, one with a broken wrist bone, the other with a broken shoulder-blade, were found after they had been deformed for a time and the bones reset and the children saved from being permanent cripples. The great work of the visiting nurse, socially, lies in this field,—not only relieving petty ailments and dealing with the common diseases, but searching out the cases that otherwise would go unattended. This service, therefore, is broader than just to

the individual, for it saves the community the expense of caring and providing for a host of dependents. There is a large need for warm-hearted, sympathetic women, who, with their medical training, can get at the causes of evil and eradicate them, and thus aid in the great social uplift of our fellow men.

VISITING NURSES' SETTLEMENT, ORANGE VALLEY, NEW JERSEY

By HONORA BOULDIN, R.N., Head Worker

THE winter is one of increased activity in our settlement, owing to the fact that we are better equipped to do effective work. Through the generous interest of a member of the Board of Advice a new resident has been added to the corps of workers, Anna Tobleman, graduate of the Moabit Hospital, Berlin, Germany, for night work. This supplies a long-felt need, and hereafter day nurses, the students taking the three months' course in visiting nursing, will be relieved from regular night work. Alila Bachan, graduate of the Samaritan Hospital, Troy, New York, has completed the student course and has accepted the position of assistant to the head worker. Cora Myers, graduate of the Normal Training School, Detroit, Mich., is holding classes in dietetics of both hospital students and neighborhood children, in the settlement diet kitchen. Students in training are admitted to these classes.

The lectures given in co-operation with the Social Settlement, our near neighbor, are under the following subjects: Thursday, February 10, 3.30 P.M., "Popular Education in Dietetics and Economics," by Winifred S. Gibbs, of New York, at the Nurses' Settlement; Friday, February 25, 8 P.M., "The Underlying Social Motives of the Settlement," by Henry Moskovitz, Social Settlement; Friday, March 11, 3.30 P.M., "Principles of Relief," by Miss Knevels, Nurses' Settlement; Friday, March 25, 8.30 P.M., Medical lecture by Dr. Cater, Nurses' Settlement; April 8, 3.30 P.M., "Some Phases of Tuberculosis Nursing," presented by nurses in the field; Friday, April 29, 8.30 P.M., "The Care of Children," by Dr. Potter, Nurses' Settlement; Friday, May 6, 4 P.M., "School Nursing," by Miss Moore and Miss Jack, school nurses.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE PREVENTION OF BLINDNESS.—The *New York Medical Journal* says: The special committee on the prevention of blindness of the New York Association for the Blind held its first annual meeting recently, and submitted a most gratifying report of its first year's work. This committee, which is made up of physicians and laymen, has for its object the investigation of the direct causes of preventable blindness, with the hope of eliminating such causes, and as ophthalmia neonatorum is responsible for about one-third of all blind children in schools for the blind in this country, the committee hopes, through legislative and educational measures, to practically eradicate this disease. It was recommended that a solution of silver nitrate be gratuitously distributed by the State Department of Health to physicians and midwives, and to this end an appropriation of \$5000 was made by the state. All birth certificates issued by the State Department of Health now bear the query: "What preventive of ophthalmia neonatorum did you use? If none, state the reason therefor." The educational work of the committee has been carried on by means of publications, public speaking, lantern slides, and photograph exhibits. The expense of the work is borne by the Russell Sage Foundation. The membership of the committee includes Dr. Eugene H. Porter, Dr. Charles Stedman Bull, Dr. J. Clifton Edgar, Dr. Ward A. Holden, Dr. F. Park Lewis.

SYMPOSIUM ON ALCOHOL.—The *Yale Medical Journal* reports a symposium on alcohol held at the meeting of the Connecticut State Medical Society and the Fairchild Medical Association, at which papers were read on "Alcohol as a Food," "Alcohol as a Poison," and "Alcohol as a Remedy." In discussing these papers, Dr. Carmalt presented statistics from the reports of the New Haven Hospital from 1881 to 1908, showing that there has been a steady decline in the use of alcohol and a corresponding increase in the use of milk. He believes that the profession is using less and less alcohol all the time, and that milk is being used more for nourishment.

THE INFLUENCE OF DIET ON INFANT MORTALITY.—J. P. Crozier

Griffith's paper in the *New York Medical Journal* is a plea for a more careful preparation of the infant's food. He considers that the ferments, alexins, antibodies, and other substances are in many respects different from those in cow's milk. It is possibly through their influence that an infant can be made to thrive if only it is given daily one or two feedings from the breast. Something imbibed in this way appears to make the cow's milk more readily absorbable by the digestive tract. Many of the maternal excuses for early weaning are purely fanciful, and no woman should wean her child except under the physician's direction. Especial care should be taken to prevent in bad weather the decomposition of food which has been properly prepared. Clean milk, free from dirt, is the first necessity. In regard to Pasteurization and sterilization of milk the author says that prolonged heating at a high temperature destroys many of the natural ferments and likewise alters the digestibility of the proteins by its action on the lime salts. Many of the ferments and other bodies are not affected by Pasteurization at proper temperature. From a purely clinical standpoint there is no doubt that milk of poor quality is much more harmful raw than sterilized. He himself has little fear of the bad results attributed to heating as compared with the danger of milk rich in bacteria, and believes that with all doubtful milk, and probably with all milk during the hottest weather, Pasteurization is to be recommended. The sale of commercially sterilized and Pasteurized milk is to be condemned. It has been shown that Pasteurized milk will develop dangerous bacteria more rapidly than will raw milk, the heat having destroyed the lactic acid germs, which, if left alive, check by their growth the development of the proteolytic varieties. Pasteurized milk is, then, valuable, but the necessity of care in its production and especially the care of the product afterward is evident. The term "sterilized milk" and "Pasteurized milk" on the milk wagon merely gives the mother a false sense of security, even supposing that the process has been honestly and properly carried out by the dealer. All sterilization and Pasteurization should be done at home.

THE PUBLIC DRINKING CUP.—A new periodical, *The Cup Campaigner*, has made its début with the December number. The journal introduces itself as "A militant little paper published at intervals by persons striving to banish that most prolific medium for spreading disease—the public drinking cup; containing authentic reports of the rulings of health officials, the growth of public sentiment through the press, and other developments of the crusade." The editorial offices are at 115 Broadway, and the editor is Mr. Hugh Moore.

OXYGEN IN SERIOUS CASES OF WHOOPING-COUGH.—The *Medical Record* says: E. Weill and G. Mouriquand describe their experience with the use of oxygen by inhalation in serious cases of whooping-cough and in pneumonia following this disease. It will serve to prevent the occurrence of pneumonia in many cases that are threatened with lung involvement. It also diminishes the severity of the paroxysms of cough, although it does not seem to lessen their number. Their cases amount to thirty and in all of them oxygen seemed to act as a sedative of the first order. It acts not as a depressant of the system, but enables it to struggle against the disease. Cyanosis is lessened, appetite is better, and somnolence diminished between the attacks. It acts as an antiseptic in the lungs, and prevents the extension of pneumonia to new localizations.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, December 4, "The Influence of Diet on Infantile Mortality," J. P. Crozier Griffith, M.D.; December 11, "Disguised Starvation and the Reasoning Faculties," Nathan Rosewater; December 25, "The Report of Some Interesting Cases of Foreign Bodies Removed from the Ear," Hal Foster, M.D. *Medical Record*, December 4, "Women in Medicine," Editorial; December 18, "Stammering," G. Hudson-Makuen; December 25, "Borderland Cases of Insanity," Editorial. *Journal of the American Medical Association*, November 27, "Value and Limitations of Salt-free Diet and Restriction of Fluids in Nephritis," Victor C. Vaughan, M.D.; "Constipation;" December 25, "The Deaf Child and the Physician," John Dutten Wright, "A Cap for Outdoor Sleeping," Thompson Frazer, M.D., "Treatment for Chronic Constipation," George Edward Barnes, M.D., "American Standards in Education," Editorial; January 1, "Work Cure," Herbert J. Hall, M.D., "The Defence of Medical Research," Editorial; January 8, "The Rôle of Animal Experimentation in Diagnosis of Disease," M. J. Rosenau, M.D., "Germophobia," Editorial. *The Survey*, January 8, "State Care of the Insane," William L. Russell, M.D.; January 1, "The Construction Camps of the People," by Lilian D. Wald and Frances A. Kellor, a study of housing and sanitary conditions of the laborers employed on the new barge canal and on the water-works system, showing how far superior is the care given by the city to that of the state, which makes no provision for maintaining the health of its laborers and by disregard of hygienic precautions permits these camps to become menaces not only to the health of the employees but also to the communities in which they are situated.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

TUBERCULOSIS DISTRICT WORK.

DEAR EDITOR: Will you please tell me through the JOURNAL just how to begin tuberculosis district work? Or perhaps some nurse will be kind enough to tell me of some experience she has had.

K. L.

[An answer to this inquiry may be found by consulting Miss Waters' book, "Visiting Nursing in the United States," published by the Charities Publication Committee, 105 East 22nd Street, New York. We shall be glad also to publish in our Visiting Nurse Department replies to this question.—Ed.]

PRECAUTION UNHEEDED.

DEAR EDITOR: I should like to know through the JOURNAL if a family having some one in the house who has chronic bronchitis and also chronic catarrh is not justified in keeping dishes and drinking cups separate from those used by others. And I should like some information as to how one is to keep such a person from spitting any and everywhere, especially as he persistently refuses to comply with all requests as to the disposal of sputum.

A. H. R.

DELEGATES' EXPENSES.

DEAR EDITOR: I was interested in the "Expenses of One Delegate" in the December JOURNAL. I have always found that many precious minutes of the crowded convention days are wasted in waiting for cars and in waiting to be served in hotel dining rooms, so at the San Francisco convention I tried a new plan. I arrived a day early and went from the train to the neighborhood of the hall and selected a nice room with two beds in a private home, one-half block from where the meetings were held. The room cost five dollars a week and I shared it with another delegate. We took our meals in restaurants nearby and saved both time and money.

The following is the account of my expenses, covering one week:

Railway ticket.....	\$26.50
Pullman	2.50
Car fare.....	.45
Baggage	2.50
Room	2.50
Board	5.25
Trip to Tamalpais.....	2.00

\$41.70

M. A. P.

OBSTETRICAL DIET LISTS.

DEAR EDITOR: In your next month's JOURNAL, would you kindly give a two weeks' suitable diet, starting with liquid and ending with full diet, for an obstetrical patient or, in other words, will you give a menu for each day?

E. L. B.

[Replies from obstetrical nurses received before February 12 will be embodied in an article on the subject in the March JOURNAL.—Ed.]

NEW USE FOR A PAP SPOON.

DEAR EDITOR: One of the best suggestions offered me by the superintendent of nurses when I was leaving the hospital to commence private nursing was that I should subscribe to THE AMERICAN JOURNAL OF NURSING. I want to tell you how much it has meant to me during the year, it has come to help me with several of my cases. My first was an obstetrical case, and a nice concise list of articles needed at such a time was a great help to me. Another edition brought an article, "How to Care for a Fractured Femur in a Private House." This was what I was doing at that time.

I would like it if more nurses would give their experiences in private nursing. It is interesting to read of some of them in the JOURNAL.

I find a baby's pap spoon a useful article in my bag; it makes a nice steady spoon for hypodermics, as the handle is inverted.

Wishing the readers of the JOURNAL a successful New Year, and the JOURNAL the same,

LOUISE HISBIT HAZLEHURST, R.N.

OPERATIONS ON MALE PATIENTS.

DEAR EDITOR: What is the custom of nurses doing hospital work during operations on male patients where, of necessity, the genital organs are exposed, especially those nurses assisting surgeons? Will the nurses of Ohio especially answer, also lady superintendents of our main hospitals?

I know what attitude to take, myself, but I have been told that my stand is radical and that it is customary for nurses in Cleveland and Columbus to assist and, in fact, to wait upon male patients regardless of exposure. While I do not credit this statement, I should like to be able to produce the protest of a number of nurses who, I am sure, feel as I do.

What number of hours do the nurses of the middle states consider right to ask for themselves when doing private duty?

M. M.

A REPLY FROM OHIO.

DEAR EDITOR: In answer to the question asked in regard to nurses being present at operations upon male patients, I wish to say that in one of our operating rooms all "screen" cases are regarded as such, and the nurse does not go behind the screen at all during the operation. In another operating room the nurses are present at every operation, the scrubbing up of the patient, however, is done in the anæsthetic room without the presence of the nurse. When the bandages are put on a "screen" case after the operation, the nurse usually either leaves the room or the patient, on the table, is wheeled out of the room, and the bandage applied in the adjoining room.

We always teach our pupils that whatever is necessary for a nurse to do, no matter what that is, is the proper thing for her to do. We never hear the matter discussed.

Every nurse has a right, I believe, to become indignant at unnecessary exposure, whether the patient is a man or a woman.

Personally I feel just as indignant at having a woman patient unnecessarily exposed before a doctor as I do at having a man patient unnecessarily exposed before a nurse.

D.

THE FAMILY DIPPER.

DEAR EDITOR: I should like to make a suggestion to nurses who are anxious to help stamp out the white plague. How many of us give a thought to the bucket of drinking water that stands on the kitchen table of a country house, night and day, with a dipper in it, so that if any one wants a drink he may help himself? I have been in families where I know there has been consumption and, until I had put a stop to such a disgusting plan, every one was drinking out of the same dipper, and putting it back in the pail without washing it off.

I think if every nurse would do her duty in telling people the danger of this, it would do a great deal toward controlling the disease. I never have any trouble in making people follow my suggestion of pouring the water from the dipper into a glass and then washing the glass after drinking. It takes only a little time, and might save many a life. I have an idea that many nurses do the same thing themselves, because they are in a hurry.

E. C.

LIVING CONDITIONS IN ARIZONA.

[A number of inquiries have been received at the editorial office of late in regard to nursing conditions in Arizona. The writer of this letter was asked to describe conditions as she finds them.—Ed.]

DEAR EDITOR: I shall do my best to comply with your request for a letter telling how I happen to be down in this part of our country and something of conditions here.

With the class of 1904 I was graduated from the Farrand Training School, Detroit, and after doing both private and institutional work there, and in Alabama, I came, in 1908, to Douglas, Arizona, to be with my sister, nursing only when so urged that I cannot well refuse.

In order that you may understand better the conditions of living and nursing I must tell you a little about the location of Douglas. It is situated on a plateau of about 4000 feet elevation which, like the rest of this western country, is very productive when irrigated, but quite barren otherwise. However, during July and August, the rainy season, the fields are quite attractive with yellow and purple wild flowers and very fragrant acacia. Except for a few scattered weeks during the winter the days are warm and the sun bright, while the nights are cool. Just before the rainy season begins, when there is rain nearly every afternoon, there are usually a few hot nights. In the spring, high winds accompanied by dust are frequent. The autumn and winter here are certainly delightful; but I am not so well pleased with late spring and early summer. The mountains surrounding the valley are a never-ending source of delight and the sunsets are most glorious.

Douglas itself is a town of about 8000 inhabitants (white and Mexican), right on the Mexican border, with a very small town, Agua Prieta, on the other side. Two copper smelters, one of which is owned by a New York company, which owns also the main store and all the railroads, are its main business support. The street railway, telephone system, ice plant and water-works are all owned by the same men. Such conditions, you will readily understand, keep the cost of living very high compared to that in the smaller towns of the east. Good table board is about \$30 a month, and a comfortable room, without heat, cannot be had for less than \$10 a month. I think clothing averages about one-fourth more than in the east. Building materials are expensive, so houses are comparatively small, four- and five-room houses being the average,—however, good bathrooms and sewerage are becoming quite common. The greater proportion of the homes of the white population are furnished with gas ranges and electric lights.

Now as to the nursing field, there are, so far as I know, only two graduate nurses beside myself practicing here, and two in the hospital of Dr. Wright. Of these nurses one is from an Iowa school, one from the University of Michigan Training School, another from the Pacific Hospital of Los Angeles, and the fourth from a New York City training school. Of course, there are several of the so-called practical nurses. I find that one is particularly well established here, but I have also found that in a number of cases people have preferred a graduate nurse and would have engaged one if there had been one available. There are few families here that have more than a moderate amount of wealth; but there is a goodly proportion of the white population that is well informed and appreciates the advantages of a well-trained nurse. These people are not able, however, to pay an increase in fee in proportion to the increase in the cost of living. The cases to be had are principally obstetrical, typhoid, and in the spring, pneumonia.

Perhaps you would be interested in hearing about the hospitals here. Quite recently an order of Sisters bought a house and converted it into a hospital. The other hospital, known as the Calumet, was started several years ago by Dr. Wright, who is company physician for the Calumet and Arizona Smelter. The other smelter and the railroads send their patients to this hospital until they are able to be transported to the company hospital in Bisbee, a town about thirty miles distant. The leading doctors are all graduates from schools east of the Mississippi River, four of them coming from the University of Michigan.

This climate is fine for tuberculosis. Out-of-door sleeping porches are very common.

I trust that I have given some information which will be of interest to other nurses without making my letter too tedious.

OLIVE J. ROUCHE.

Box 385, Douglas, Arizona.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

AMERICAN NATIONAL RED CROSS

MEMBERS OF CENTRAL COMMITTEE NURSING SERVICE

From War Relief Board

Mrs. Whitelaw Reid, 451 Madison Avenue, New York, N. Y.
Mrs. Isabel Hampton Robb, The Haddam, Cleveland, Ohio.
Miss Jane A. Delano, Office of the Surgeon-General, War Dept., Washington, D. C.
Miss Georgia M. Nevins, Garfield Hospital, Washington, D. C.
Major Charles Lynch, U. S. Army, War Department, Washington, D. C.
Surgeon W. L. Bell, U. S. Navy, Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

From Emergency Relief Board

Miss Mabel T. Boardman, Room 341, War Department, Washington, D. C.
Mrs. William K. Draper, 121 East 36th Street, New York, N. Y.

Nurses' Associated Alumnae

Miss Sophia F. Palmer, 247 Brunswick Street, Rochester, N. Y.
Miss Emma M. Nichols, Boston City Hospital, Boston, Mass.
Miss Linna G. Richardson, "The Richardson," 14th and Market Streets, Portland, Oregon.
Miss Anna C. Maxwell, Presbyterian Hospital, New York City.
Mrs. F. Tice, 103 State Street, Chicago, Ill.
Miss Margaret A. Pepoon, 4440 Maryland Street, San Diego, California.
Mrs. Harriet Camp Lounsbury, 1119 Lee Street, Charleston, West Virginia.

ASSOCIATED ALUMNAE NOTICES

TO STATE, COUNTY AND CITY ASSOCIATIONS AFFILIATED WITH THE ASSOCIATED ALUMNAE.—An official communication will be sent to each affiliated association, containing questions of importance to be answered and returned, for the interstate report to be presented at the annual meeting. This form is being used as an outline and guide for officers who are unfamiliar with the entire year's work of their society, and that necessary information may be furnished without further correspondence with the secretary.

TO ALUMNAE, STATE, COUNTY, AND CITY ASSOCIATIONS.—Nominating blanks were sent to all affiliated associations in October, to be filled in and returned to the chairman of the nominating committee by January 1, 1910. There are still a number of these blanks unreturned and an urgent request is made that they be sent at once. If any association failed to receive one, write at once to the chairman, Adda Eldredge, St. Luke's Hospital, Chicago, Ill. Any nominating blanks received later than March 1 will not be considered.

ANNUAL MEETING.—Special attention is called to the change of date of the annual meeting of the Associated Alumnae to be held in New York. Instead of June as previously announced, it will be held the third week in May. This has been considered advisable for several reasons, one of which is that Columbia University will be closed in June, which would be a great disappointment to all. The Hospital Economics Department having recently received a large endowment will be a cause for rejoicing at our Jubilee meeting, and it is specially appropriate that the meetings should be held while the course is in session.

AGNES G. DEANS, Secretary.

CONTRIBUTIONS TO THE JOURNAL PURCHASE FUND TO
JANUARY 15, 1910

Previously acknowledged		\$1312.50
Hope Hospital Alumnae Association.....	\$15.00	
West Virginia State Nurses' Association.....	50.00	
Hartford Hospital Alumnae Association.....	25.00	
St. Barnabas Hospital Alumnae Association, Minneapolis....	25.00	
San Francisco County Nurses' Association.....	100.00	
Lakeside Hospital Alumnae Association, Cleveland.....	50.00	
Brooklyn Homœopathic Hospital Alumnae Association.....	25.00	
Anna C. Maxwell.....	25.00	
Pauline Dolliver	25.00	
Anna E. Brobson50	
Minnie G. Watt50	
Mary A. Mackenzie.....	1.00	
Fantine Pemberton	1.00	343.00
		<hr/>
		\$1655.50

ANNA DAVIDS, R.N., Treasurer, and Member of Journal Purchase Committee,
128 Pacific Street, Brooklyn, N. Y.

CHANGES IN THE NURSE CORPS, UNITED STATES NAVY

APPOINTMENTS: Hoskins, Susanne B., graduate of New Haven City Hospital; has filled the following positions since graduation: first assistant supervisor, night supervisor and operating room nurse at same hospital. McDonald, Loretta, graduate of Garfield Memorial Hospital, Washington, D. C., three years in civil hospital, Manila, P. I. Haas, Margaret L., graduate of St. Luke's Hospital, New York City, late director of visiting nurse work, Lancaster, Pa.; instructor in practical nursing, Lancaster Hospital.

TRANSFERS: Isabella M. Baumhoff and Mary Irena Hess from the Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Annapolis, Maryland.

RESIGNATIONS: Margaret L. Gorman, November 3, 1909, to be married. Ethel R. Parsons, December 15, 1909.

ESTHER V. HASSON, R.N.
Superintendent Nurse Corps, U. S. Navy.

NEW HAMPSHIRE

Franklin.—THE FRANKLIN HOSPITAL was dedicated on New Year's Day and formally opened for the reception of patients. This is a result of long and interested effort by the Hospital Association of the city which began its ministrations to the sick by the employment of a district nurse nine years ago, and which has been working ever since to interest the citizens and collect funds for the maintenance of a hospital. An old but well-built private residence, located on a commanding height with good air and a beautiful view, was selected as the hospital building. It needed no rebuilding, only adaptation to its present use. It contains rooms and wards for men, women, and children, an operating room, and rooms for nurses. The superintendent is Ida A. Nutter, R.N., a graduate of the Boston City Hospital, and for some years in charge of the Cottage Hospital, Laconia. All the physicians in town are on the hospital staff and serve in turn for three months each.

Portsmouth.—THE MAPLEWOOD FARM BORIS SIDIS PSYCHOTHERAPEUTIC INSTITUTE, near Portsmouth, which has been made a gift to Dr. Boris Sidis of Brookline, Mass., is for the purpose of applying psychotherapeutics to all functional nervous diseases.

MASSACHUSETTS

Boston.—THE MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ ASSOCIATION held its monthly meeting on December 28 in the Thayer Library. The usual order of business was laid aside for the evening and the association had the pleasure of entertaining as guests the graduating class. A musical program by a mandolin club was followed by refreshments and dancing.

LUCY L. BROWN, superintendent of nurses of the Boston City Hospital, is convalescing from a serious illness of many weeks.

THE MASSACHUSETTS STATE INFIRMARY ALUMNÆ ASSOCIATION held its regular meeting on January 6. Laura McEachern, superintendent of nurses, was made an honorary member. An interesting address was delivered by Dr. John H. Nichols. After the business meeting, refreshments were served. A large number were present. Dr. Nichols and Dr. George A. Pierce were guests. The next meeting will be held in May at 406 Massachusetts Avenue.

RHODE ISLAND

Providence.—THE RHODE ISLAND HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its regular monthly meeting on January 5 at the residence of Mrs. Clinton S. Westcott. Two new members were received. Tea was served after the business hour. The February meeting will be held with Mary A. Smith at Warren.

NEW YORK

THE TICKET OF NOMINATIONS for the state association contains an error in the list of those who are not eligible for the Board of Nurse Examiners. Miss Fraser's term of office expires in 1911 and she is eligible to renomination.

AMY HILLIARD, R.N., principal of the Nurse Training School at Dansville, has been appointed a member of the Board of Regents' Councillors in place of Nancy E. Cadmus, who had resigned.

THE COMMITTEE ON REORGANIZATION OF THE STATE ASSOCIATION consists of Katharine DeWitt, R.N., chairman, Rochester; Ida M. Root, R.N., Gloversville; Annie Damer, R.N., Yorktown Heights; Grace Knight Schenck, R.N., and Martha M. Russell, R.N., New York City.

THE STATE HYGIENE LABORATORY has perfected arrangements whereby those afflicted by rabies may be treated in their homes; hitherto, superintendents of the poor have been authorized by county law to send patients to the Pasteur Institute, New York City.

New York City.—THE PRESBYTERIAN HOSPITAL in its forty-first annual report gives as usual most interesting reports and illustrations. Memorial sketches are given of Dr. Andrew J. McCosh, Mr. John S. Kennedy, Messrs. William H. Jackson and John C. Brown. In her annual report, Miss Maxwell records the death of a member of the alumnae association of the school of nursing, Harriet E. Burtis, after thirteen years of efficient service to the sick. The Eliza DeWitt room for sick nurses has been used by thirty-three graduates of nine different schools. Either surgical or medical cases are received in this room. The visiting nurse department of the hospital continues to do valuable work. Through a gift of Mrs. Harriman it has received the use of a bed for nine months of the year at the Adirondack Cottage Sanatorium. The services of a social worker for the hospital wards has been provided by the gift of Mrs. D. O. Mills. A cottage by the sea has been, for the fourth season, available for pupils and graduates of the school.

THE PRESBYTERIAN NURSES gave a fair in Florence Nightingale Hall in December which gave visitors the privilege of shopping in London and Paris. Quaint old stone buildings with thatched roofs served as shops where one might procure haberdashery, books, sweets, brasses, hats, dolls, etc. The proceeds of the fair are to be used as a nucleus for the Nurses' Pension Fund.

THE GUILD OF ST. BARNABAS FOR NURSES held a special Christmas service at the Church of the Heavenly Rest on January 2, the general topic being "Nurses' Work and Nurses' Opportunity." The presiding officer was the Rt. Rev. Frederick Courtney, D.D., C.L. After the opening address, the Rt. Rev. Nathaniel F. Thomas, D.D., Bishop of Wyoming, spoke upon "Missionary Opportunity," the Rev. Alden H. Clark, of the Congregational Church, missionary to India, spoke upon the "Nurses' Place in the Orient," and Maj. Charles Lynch, U. S. A., upon "Government Nursing." An especially good musical program was given.

DENTAL CLINICS are being slowly increased. The Children's Aid Society has had one at the West 53d Street school for two years, but such was the demand upon it that unless there was a crying need on the part of the child he could not be given treatment. This winter there has been established another one in the Italian Industrial School in North Street. There are ten dentists on the staff, supplied by the New York Dental Hygiene Council of the dental society of the state. The clinic in Sullivan Street, and that at Bellevue for adults, with a few dentists in about a dozen school clinics, will make some impression.

CHARLES ORDWAY PARTRIDGE, the sculptor, in an address before the Monday Club, suggested to nurses that they carry at least one beautiful picture into each home visited, even though that picture be one cut from a newspaper.

ST. LUKE'S HOSPITAL ALUMNÆ ASSOCIATION issues its twelfth annual report with a list of the officers for the current year: president, Mrs. John Mann; vice-president, Dr. W. M. Tompkins; recording secretary, Blanche A. Blackman; corresponding secretary, F. C. Missimer, St. Luke's Hospital; treasurer, Mabel Wilson. Nineteen members have been added to the association during the past year, and there has been one death, that of Louise Allen. The sick benefit fund and the endowed room have both been of use to the members. Eleven have become members of the Red Cross Society.

THE MT. SINAI BOARD OF MANAGERS has decided that the remuneration for nurses on duty in the private pavilion shall be \$24 a week for twelve hour duty.

LILLIAN D. WALD, of the Nurses' Settlement, expects to sail for Japan on February 8.

Albany.—ROSE M. HEAVEN assumed the position of superintendent of nurses of the Homœopathic Hospital on December 1. Miss Heaven is a graduate of the Connecticut Training School of New Haven and has been long associated with both local and state work in Connecticut. She was for two years a chief nurse in the Army Nurse Corps.

Utica.—FLORENCE JOHNSON, R.N., class of 1906, Faxon Hospital, has been appointed assistant superintendent of nurses at the hospital.

Auburn.—THIRTY GRADUATE NURSES of the city met at the City Hospital on October 12 for the purpose of forming an association, at the request of Florence M. Grant who was elected president. The other officers are: vice-presidents, Misses O'Hern and Bush; secretary and treasurer, Jane M. Howell, City Hospital. The association meets on the second Tuesday of each month and has a promising outlook.

Schenectady.—THE HUDSON VALLEY ASSOCIATION FOR TRAINING-SCHOOL PROGRESS met in the Homœopathic Hospital in Albany in November, and in the Ellis Hospital, Schenectady, in January. The main point for discussion at the November meeting was a set of rules for graduate nurses when on special duty in the hospital. Miss Taylor, superintendent of the Homœopathic Hospital, presented a set of rules which seemed to cover most points in question. The discussion following brought out the fact that each superintendent had had similar difficulties to contend with, and that a great number of graduate nurses when they come into a hospital on special duty disregard all rules. They are loyal neither to their hospital nor to their profession. Most pupils are given a course in ethics during their training, but many disregard the golden rule after graduation. The bad habits formed during childhood are partly responsible for this, as a few years of training cannot counteract defects in bringing up.

Reports were given from the hospital association meeting in Washington, and from the state meeting in New York.

At the meeting in Schenectady, Esther T. Jackson, R.N., was re-elected secretary and treasurer for the association for the coming year. The superintendents have all shown commendable interest in the association, and they consider themselves fortunate in having Miss Alline present at most of the meetings. Her advice is always good, and her presence is an inspiration to good work.

Dr. E. MacDonald Stanton, of Schenectady, read a paper on the necessity of making the hospital surroundings of the private patient as non-institutional as possible. If the severe institutional atmosphere is eliminated, patients will be content to remain in the hospital until convalescence is fully established. A practical discussion followed the paper.

The next meeting is to be held at Glens Falls on March 12, Miss Card to preside and furnish the program.

Rochester.—THE COMMITTEE ON HYGIENE of the Monroe County Association, Miss Hollister chairman, has been preparing a course of talks on Home Nursing, at the request of the Committee on Hygiene of the American Medical Association. The outline for the talks is based on that proposed by the Superintendents' Society and will include the following heads. 1. Bed Making, Value of Sunshine and Fresh Air. 2. Baths. 3. Rubbing, Care of Sprains, Outward Applications, such as Fomentations, Poultices, etc. 4. Care and Feeding of Children, Minor Accidents, Contagious Diseases. 5. Care of Mother and Child. 6. Foods.

NEW JERSEY

Montclair.—HELEN STEPHEN, class of 1899, Orange Training School, has been appointed school nurse by the Board of Education. She had been tentatively employed since the beginning of the school year, and the experiment being found successful, Montclair has added itself to the list of towns that have found the value of the school nurse.

Trenton.—ELIZABETH COOMBE, a nurse in Mercer Hospital, is reported by the daily press as having lost her life in saving a patient who was in danger of being crushed by an elevator.

Orange.—KATE BAKER'S WORK IN HONOLULU was described in a previous issue of the JOURNAL as that of a district nurse. She is the only graduate nurse in the district of East Mani, E. H., which includes several small towns but no city, and her work lies altogether among the well-to-do residents, the poor being cared for by the plantation as part of their wage. This renders the title a misnomer, while it is hard to select a more comprehensive and illuminating one.

EXTRACT FROM A PRIVATE LETTER from a New Jersey nurse: "No one knows what a boon the JOURNAL is until she is away from nursing centres."

PENNSYLVANIA

THE ADVISORY BOARD OF THE STATE DEPARTMENT OF HEALTH decided on January 5 upon medical inspection of schools in the rural districts and will provide for the examination twice yearly of the nose, mouth, eyes, and ears of all pupils outside of the limits of cities, boroughs, and townships of the first class. Dr. Dixon, state health commissioner, proposes to instruct rural teachers in the matter of detecting the various forms of contagious disease prevalent in the state, and they will have the moral backing of his positive order against the attendance at school of scholars so afflicted.

Philadelphia.—THE WOMAN'S HOSPITAL NURSES' ALUMNÆ ASSOCIATION held a meeting at the hospital on December 8, with nineteen present. Three new members were elected; four have died during the past year. Dr. Alice

M. Seabrook, superintendent of the hospital and a member of the State Board of Examiners, gave an interesting talk on registration. The graduate nurses in the hospital gave the association, after it adjourned, a social half hour in the nurses' home.

THE ALICE FISHER ALUMNÆ of the Philadelphia General Hospital held its regular monthly meeting at Blockley on January 3, the president presiding. Much interest was manifested in the celebration of the twenty-fifth anniversary of the founding of the school, which is to take place after the convention of the Associated Alumnae in New York. The secretary was instructed to make an appeal to all graduates of the hospital to send their names and addresses to her. Married members are asked to send maiden names as well. Address M. L. VanThuyne, 425 Vine Street. At the annual meeting, Easter Monday, action will be taken on the change of the name of the association from the Alice Fisher Alumnae to the Alumnae of the Philadelphia General Hospital, and also on the matter of incorporation.

THE HOWARD HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its regular business meeting on December 5, with twenty members present. The subject of an endowed bed for sick members was discussed, and certificates of membership with alumnae seal were presented to active members.

FLORENCE M. BIDDLE has completed her post-graduate course at Bellevue and is doing private nursing. Ellen Mitchell has resigned as operating room nurse at the hospital to take a position as superintendent at Delancy Hospital, this city. Mrs. L. K. Roller has given up private nursing to do social work among babies for the Starr Centre Association.

SCRANTON.—THE SCRANTON TRAINING SCHOOL ALUMNÆ ASSOCIATION held its regular meeting at the State Hospital on January 13, Miss Gamewell presiding. Ten members were present. After roll call, minutes, and reports, officers were elected as follows: president, Harriet B. Gilson, R.N.; vice-president, Katherine Vetter; secretary, Jeanette A. Edwards; treasurer, Jennie Quinn; member of executive committee, Emily Gamewell. A vote of thanks was given the retiring officers for their faithfulness and efficiency. An interesting and instructive paper on "Hookworm Disease" was read by Miss Gilson to whom a rising vote of thanks was given. The next meeting will be held on February 10.

NORTH CAROLINA

THE BOARD OF EXAMINERS OF TRAINED NURSES has elected new officers as follows: president, Cleone Hobbs, R.N., Greensboro; secretary-treasurer, Anne Ferguson, R.N., Statesville.

CHARLOTTE.—THE CHARLOTTE SANATORIUM has lost a capable officer by the resignation of its first superintendent, Ethelyn Cherryman, who has recently been married. Her successor has not yet been chosen.

MISSISSIPPI

NATCHEZ.—A COUNTY ASSOCIATION has been organized by the nurses of this city with the hope that the first steps toward working for state registration may be taken. The AMERICAN JOURNAL OF NURSING is included in the membership dues.

KENTUCKY

Louisville.—THE JEFFERSON COUNTY GRADUATE NURSES' CLUB held its annual meeting at the Flower Mission, January 3, with a large attendance. The following officers were elected: president, M. Lustnauer; vice-president, Mrs. J. Telford; recording secretary, A. K. Bindeman; corresponding secretary, D. Weissinger; treasurer, Katherine O'Connor. Membership committee, Annie Rece; sick benefit, J. O'Connor; program, E. Robertson; entertainment, M. Alexander. Two new members were elected. All of the annual reports were satisfactory, especially that of the registrar of the central directory, which gave a membership of 111. The directory is under the auspices of the club and has been a success ever since its organization nearly two years ago. The by-laws of the club were amended at this meeting.

OHIO

Cleveland.—THE LAKESIDE HOSPITAL ALUMNÆ ASSOCIATION held a bazaar on November 30 and December 2, 1909, for the purpose of raising money to be applied to the fund for an endowed room for its sick members. The proceeds amounted to nearly \$1000. On November 8 and 9 the "Peary Caboose" was loaned to the alumnae by the Erie Railroad Company, the proceeds to be applied to the endowed room fund. This is the caboose which was used by Lieutenant Peary for sleeping quarters at Etah during the winter of 1898-1899. It remained untenanted in the ice until picked up by the ship "Windward" on its second voyage in 1901. It contained many relics, and an admission fee of ten cents was charged. The association realized \$122. Officers of the association are: president, Lottie A. Darling; vice-president, Cora E. Grant; secretary, Florence I. Ashton; treasurer, Phoebe Kandel.

ELIZABETH M. ELLIS, superintendent of the Lakeside School for Nurses, has been away from the school for two months, recuperating from an illness. Fannie G. Noyes, class of 1908, has taken charge of the Anatolia College Hospital, Marsovan, Turkey. Mabel C. Thompson, class of 1905, has accepted the position of assistant principal of the Miami Valley Hospital, Dayton. Estaiene M. DePeltquestangue, class of 1908, is now supervisor of probationers, at the hospital.

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting at the hospital on December 3, Miss Ardill presiding. After a short business session, the members were addressed by Mr. D. Workum, president of the board of directors, who clearly and forcibly stated the reasons for the antagonism of the directors to the association's plan for an endowed bed fund for sick nurses. Following the address, the alumnae repaired to the nurses' hall to attend the reception and tea in honor of the new members.

MICHIGAN

Detroit.—THE GRACE HOSPITAL ALUMNÆ ASSOCIATION has elected the following officers for the year: president, Rachel Mulheron; vice-presidents, Henrietta Potts, Frances Drake; secretary, Anna M. Schill; treasurer, Elizabeth McCaw; directors, Misses Mattie McFadden, Emily Rankin, and Odessa Shepherd. Nellie Gerard was appointed chairman of the social committee.

ILLINOIS

A SUGGESTIVE OUTLINE OF INSTRUCTION (CONTINUED)

SECOND YEAR.—Nursing.—Two classes on emergencies and poisons, 4 hours; 5 classes on bandaging, 10 hours; 1 class on gynæcological treatments, 1 hour; 1 class on surgical dressings, 1 hour; 2 classes on treatments requiring aseptic precautions, 4 hours; 1 class on ante- and post-operative treatment, 1 hour; 2 classes on operating room technic with preparation of operating room, 4 hours; 6 classes on care of non-infectious diseases, 6 hours; 10 classes on care of contagious diseases, 10 hours; 1 general review, 1 hour; 1 written review, 1 hour. 29 classes, 34 hours.

Anatomy and Physiology.—1 class on chest and arm muscles, 1 hour; 1 class on hip and leg muscles, 1 hour; 1 class on fore-leg and foot muscles, 1 hour; 1 oral review on muscles, 1 hour; 1 written review, 1 hour; 2 classes on nervous system, 2 hours; 1 class on respiratory system, 1 hour; 2 classes on alimentary tract, 2 hours; 1 class on absorption and assimilation, 1 hour; 1 class on kidney, 1 hour; 1 class on blood, with laboratory experiment, 2 hours; 1 class on dissection of heart, 2 hours; 5 classes on circulation, general and fetal, 5 hours; 1 oral review, 1 hour; 1 written review, 1 hour; 1 class on brain and nerves, 1 hour; 1 class on cranial nerves, 1 hour; 1 class on sympathetic and lymphatic systems, 1 hour; 1 class on skin and ear, 1 hour; 1 class on dissection of eye, 1 hour; 1 class on regions and glossary, 1 hour; 1 oral review, 1 hour; 1 written review, 1 hour. 29 classes, 34 hours.

Obstetrics.—7 classes, 7 hours.

Ethics.—2 classes (chapters 9, 10), 2 hours.

Bacteriology.—6 classes, 12 hours; 1 oral review, 1 hour; 1 written review, 1 hour.

Materia Medica.—6 classes, 6 hours. The following is a suggestive outline of drugs: Therapeutic agents derived from the vegetable kingdom are prepared from the roots, wood, stems, bark, leaves, juice, oil, flowers, and fruit, which includes the seed and berries. Therapeutic agents derived from the animal kingdom are prepared from ferments, such as trypsin, diastase, emulsifying ferments, milk-curdling ferments; Spanish fly; gizzard of fowl; gland extracts; leeches; lymph; mucous membrane of stomach; ox-gall. Inorganic agencies used as therapeutic agents include the following; water; baths, general and local; charcoal, animal and mineral; climate; cold; electricity; elemental exercises, active and passive; food; heat, dry and moist; rest, relaxation and sleep; surgery.

Acids: acetic; benzoic; boric; carbolic, including salol; gallic, tannic; mineral acid group, hydrochloric, nitric, phosphoric, sulphuric; oxalic; salicylic and its compounds, including aspirin.

Analgesic coal-tar preparations: acetanilid; antipyrin; phenacetine.

Oils: cod-liver; carron; castor; croton; lard; linseed; olive; peppermint; turpentine; wintergreen.

Lectures.—Obstetrics; bacteriology; gynæcology; anæsthesia; children's diseases.

Summary.—Exclusive of lectures. Nursing, 32 classes, 43 hours; anatomy, 29 classes, 32 hours; obstetrics, 7 classes, 7 hours; materia medica, 6 classes, 6 hours; ethics, 2 classes, 2 hours; bacteriology, 8 classes, 14 hours. 84 classes, 104 hours.

Chicago.—THE PRESBYTERIAN HOSPITAL has recently received a bequest of \$500,000 from Thomas Murdoch, this sum to be added to the endowment fund for the Women and Children's Department.

ST. LUKE'S HOSPITAL celebrated Christmas with three Christmas trees besides the one for the nurses,—one for the children, one for the patients, and one for the help and their families. On Christmas Eve the choir of St. Paul's Church made rounds, singing carols.

ELLEN STEWART, a graduate of St. Luke's, has taken charge of the Clarkson Memorial Hospital, Omaha; Alice Gags succeeds her at Christ Hospital, Topeka. Miss Dean has taken charge of the Frances Willard Hospital, Chicago.

MISSOURI

St. Louis.—THE GRADUATE NURSES' ASSOCIATION has established a central directory for nurses at 5896 Delmar Avenue, with Miss Margaret McKinley as directress.

WYOMING

THE WYOMING STATE BOARD OF NURSE EXAMINERS held its first meeting in Cheyenne, December 7 and 8. The officers elected were: president, S. J. McKenzie, Cheyenne; vice-president, Mrs. J. S. Mills, Rock Springs; secretary, Amy E. Miller, Sheridan. Thirty-four nurses were registered and a number more will be registered later. The next meeting will be held in Cheyenne in June.

WASHINGTON

THE COUNCILLORS OF THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION have decided to have the training schools of the state investigated and have selected Mrs. Cummings of Tacoma to act with a member of the Examining Board of Nurses. The following have been decided upon: 1. That no pupil nurse should be allowed time in going from one training school to another and should not be received in a second training school unless a careful investigation was made of previous record. 2. That no pupil nurse should be sent out on private cases. 3. That the equivalent of a high school education be the minimum standard. 4. That the system of class and lecture work be examined into. 5. That hospitals not giving a general training should affiliate with a standard hospital giving a general training. It was recommended that a comfortable nurses' home, or at least comfortable quarters, should be provided by each training school, also that a two and a half year course with three weeks' holiday each year be considered the standard.

AT THE FIRST EXAMINATION held by the State Board of Nurse Examiners 135 nurses were registered.

A TUBERCULOSIS SANATORIUM is about to be established at Riverton, and the nurses' associations of the state have planned to erect a cottage for tubercular nurses at a cost of \$400, to which \$100 has already been subscribed by them.

Seattle.—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held its regular meeting on January 3, with the vice-president in the chair and thirty members present. Minutes of the previous meeting were read and approved. A report of the registry, executive committee and the Seattle Federation of Womens' Clubs was read and ordered placed on file. Mrs. Bessie Davies gave a report of the building committee of the nurses' cottage for tubercular nurses, which was generally discussed. It is pleasant to note that the nurses throughout

the state are taking a deep interest in the cottage and donations from individual nurses are coming in. Although King County nurses originated the idea, the cottage is a state cottage and will be managed by the state association. Mrs. Mary Irene Farrall gave the first of a series of papers on "Obstetrics," Dr. Maud Parker gave the last of a series of lectures on "Moral Prophylaxis." A rising vote of thanks was tendered her. N. Christine Keyes, a graduate of Farrand Training School, Harper Hospital, Detroit, Mich., and a member of the King County Graduate Nurses' Association, has accepted the position of public school nurse at Olympia, Wash.

CALIFORNIA

Oakland.—KATHARINE FITCH, R.N., for some years superintendent of Fabiola Hospital, resigned that office recently and expects to spend a year or more travelling abroad with friends. Miss Fitch is a graduate of Johns Hopkins Training School and has many good friends in California. She sails February 15 from San Francisco. Miss Smythe, also a Johns Hopkins graduate, who has been assistant to Miss Fitch succeeds to the office of superintendent.

CANADA

Toronto.—MISS SNIVELY'S TWENTY-FIFTH ANNIVERSARY, reported in our last JOURNAL, had as one pleasant feature the receipt by Miss Snively of letters of congratulation and appreciation, from the alumnae associations of Grace Hospital, the Hospital for Sick Children, the Toronto Western Hospital, and the Riverdale Hospital.

BIRTHS

IN January, at Boston, a son to Mr. and Mrs. Carl B. Clancy. Mrs. Clancy was Anne E. O'Neill, class of 1899, Carney Hospital.

ON November 24, a daughter to Mr. and Mrs. Edwin J. Hulse. Mrs. Hulse was Ruth Baker, class of 1904, Orange Training School.

ON December 20, at Morenci, Arizona, a son to Mr. and Mrs. Louis J. Owen. Mrs. Owen was Mary MacDougal, class of 1903, Rhode Island Hospital.

ON Thanksgiving Day, at Hooper, Nebraska, a daughter to Mr. and Mrs. August Tillman. Mrs. Tillman was Edna Uhling, class of 1908, Illinois Training School, Chicago.

ON December 20, at Block Island, Rhode Island, a daughter to Dr. and Mrs. Carroll Ricker. Mrs. Ricker was Lillian H. McCallum, class of 1903, Massachusetts General Hospital.

ON December 1, 1909, at Nagoya, Japan, a son to Mr. and Mrs. W. DeL. Kingsbury. Mrs. Kingsbury was M. Bakenhus, a graduate of the German Hospital, Chicago, and a member of the King County Association, Seattle.

MARRIAGES

IN October, Mabel McLennan, class of 1904, Lakeside Hospital, to M. B. Bonta, M.D., of Cleveland.

IN November, Sarah J. Slaughter, a graduate of the Woman's Hospital, Philadelphia, to Albert B. Entwisle.

IN December, Bertha Williams, R.N., class of 1907, Faxton Hospital, Utica, N. Y., to James Fleming, M.D.

ON October 28, Anna Kihm, class of 1904, Lakeside Hospital, Cleveland, to E. R. Bennett, Fort Collins, Colorado.

Miss NEFF, graduate of St. Luke's Hospital, Chicago, to Robert Babbett. Mr. and Mrs. Babbett will live in Chicago.

ON November 4, Edna Hinckley, R.N., class of 1903, Faxton Hospital, Utica, N. Y., to George Burdick, M.D., of Homer, N. Y.

ON November 4, Ivy Leontine Fairchild, R.N., class of 1901, Faxton Hospital, Utica, N. Y., to Arthur Gilbert Hall, of Syracuse.

ON December 15, in the First Presbyterian Church, Charlotte, North Carolina, Edna Ethelyn Cherryman to Edward Turner Garsed.

ON December 29, at Hallerton, Quebec, Ethel M. Ellerton, class of 1907, Jamaica Hospital Training School, Jamaica, Long Island, to Thomas Bustard.

ON January 1, at Seattle, Ellen Kellogg Hill, class of 1908, Seattle General Hospital, to George C. Brackett. Mr. and Mrs. Brackett will live at 2903 North Broadway, Seattle.

ON November 17, at Whittier, California, Frances Iliff, class of 1905, Illinois Training School, to Daniel W. Tobey. Mr. and Mrs. Tobey will live at 275 Burton Court, Pasadena.

ON December 25, at Plattsmouth, Nebraska, Anabelle Daggett, class of 1909, Nebraska Methodist Episcopal Hospital, Omaha, to Charles R. Kennedy, M.D. Dr. and Mrs. Kennedy will live in Omaha.

ON December 20, Florence E. Thompson, class of 1904, Long Island College Hospital, and president of the alumnae association, to William Howard Kingston, M.D. Dr. and Mrs. Kingston will live at Hogansburg, N. Y.

ON November 11, in St. John's Episcopal Church, Detroit, Ruth Wedgery, class of 1906, Orange Memorial Training School, Orange, N. J., to Stephen Gifford Dudley of Toronto. Mr. and Mrs. Dudley will live at 369 Fourth Street, Riverside, California.

DEATHS

ON November 2, at Waterside, N. S., Florence Morrison, class of 1896, Rhode Island Hospital.

ON December 25, in Philadelphia, Mrs. Ozella Bly Ribble, class of 1896, Woman's Hospital, of tuberculosis.

ON October 24, 1909, Ella Branigan, class of 1903, Lakeside School for Nurses, Cleveland, at her home, Sharon Centre, Ohio, of tuberculosis.

ON January 5, Ella Hitchner, class of 1906, Howard Hospital, Philadelphia. This is the first death in the alumnae, and Miss Hitchner will be missed by all.

ON November 17, at Faxton Hospital, Utica, N. Y., Carolyn Tillotson, R.N., class of 1901. Miss Tillotson was the superintendent of the Niles Private Hospital, Niles, Michigan.

ON November 9, at the Woman's Hospital, Philadelphia, Anna Farley, aged 70 years, a graduate of the hospital, class of 1878. She died of carcinoma. Funeral services were held at the hospital.

ON October 15, at the Arnot Hospital, Elmira, N. Y., of typhoid fever, S. Nellie Hugg, class of 1903, Woman's Hospital, Philadelphia. She was most faithful and earnest in the discharge of her duties and was dearly loved.

ON January 6, at the Emergency Hospital, Washington, D. C., Mary R. Brown, class of 1909, Columbia and Children's Hospitals. Miss Brown was shot through the right lung by a delirious typhoid patient on December 20. Pneumonia followed the removal of the bullet.

PRACTICAL SUGGESTIONS



THE CONTINUOUS HAND BATH

By MARGUERITE PARKE

Graduate of Roosevelt Hospital Training School, New York

For cellulitis of the hand or forearm, a continuous bath has been constructed, which is approved of and used very extensively by the surgeons of Roosevelt Hospital, New York City.

The bath consists of a granite or enamel tub, measuring about two feet in length and one foot in width; the depth may vary, although it is generally about nine inches, just about deep enough to immerse the hand and forearm.

The tub rests upon brackets, swung within an iron frame wide enough to receive it, and about the height of the bed. On a shelf under the tub rests the electric heater attached to the general circuit by the usual electric wire. By means of this heater the solution in the tub is kept at the required temperature, usually 112° F.

The patient is brought to the side of the bed corresponding to the infected member, and propped on pillows or a back-rest with pillows, although the former method insures greater comfort. If a rubber cushion especially designed for the head of the tub, on which to rest the arm, is not procurable, one may be improvised by means of a hot water bag filled partly with warm water, partly with air.

The immersion in the solution, which is generally sterile saline, may be continuous, or may last from an hour and a half to two hours, when a rest is given the infected member, after which it is immersed again.

HERE are some comments made of nurses by their patients, taken from an address given by Dr. Sinkler, of Philadelphia, to the Lakeside nurses of Cleveland. They might call the attention of a thoughtful nurse to similar traits in herself of which she is not aware.

Not careful in keeping reports; trusts to memory rather than making notes in writing at the time.

Is a fine nurse; certainly understands her business; nothing too much trouble for her to do.

Too much absorbed in outside interests—there was a young man to

whom she telephoned and wrote daily. This took the keenness off her service.

Lacking in tact. Announced that it was her first case in private and at once destroyed the confidence of her patient.

Efficient, pleasant mannered and thoroughly capable; was much liked by family and patient. Showed herself thoroughly competent, although part of the time she was in a trying position on account of lack of help in the kitchen.

Absent from duty for hours without explanation and did not show due regard for the convenience of employers. Imposed upon their inexperience as to a nurse's privileges.

Even tempered; possesses good judgment; firm but sympathetic.

Kept no chart and showed a disposition to interrupt conversation and offered suggestions which, to say the least, was very annoying.

Used strong perfume; fussy and moves about constantly, touching patient or bed.

IN cases of incessant nausea and vomiting, I have found charcoal tablets to be of very good use. They may be given with or without hot water. They are also of great diagnostic value to the physician.

R. N.

MY attention has recently been called to the precautions which should be observed in washing or wiping the eyes. A neighbor was in the habit of dashing away carelessly with a handkerchief any moisture that gathered in her eyes and, as a result, one lower lid became limp and drooped. It was restored with great difficulty, and her oculist told her that the eyes should always be wiped across, and toward the inner canthus, never up or down.

W.

Do obstetrical nurses remember to keep the new-born baby warm? It comes from a temperature of 98.6° into a room less warm and, as its body is wet, evaporation and cooling take place at once, yet the baby often lies uncovered until the cord is cut. A warm sterile towel should be at hand to throw over it until it can be taken from the bed and wrapped warmly. A thoroughly chilled baby is often hours in reacting, and a warm sponge bath does not help it much.

A.

BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON

THE MIDWIFE'S PRONOUNCING DICTIONARY OF OBSTETRICAL AND GYNÆCOLOGICAL TERMS. Edited by Henry Robinson, A.M., M.D., Anaesthetist to the Cancer Hospital and to the Samaritan Hospital for Women; Late Resident Obstetric Officer at St. George's Hospital, etc. The Scientific Press, 28 and 29 Southampton St., Strand, London, W. C. Price one shilling.

This tiny volume has bound in with the rules for midwives approved by the Privy Council of Great Britain a list of such words and terms as the midwife may meet in her reading for the passing of her examinations before the Central Midwives Board. Perhaps its best recommendation is its brevity and its small form. It is easily carried about, but whether or not it should prove of value in an emergency is to be doubted. It is hardly likely to meet with much success in this country.

FUNCTIONAL DIAGNOSIS—THE APPLICATION OF PHYSIOLOGY TO DISEASE. By Thomas G. Atkinson, M.D., Associate Professor of Neurology and Physiology, Chicago College of Medicine and Surgery; Professor, and Head of Department of Physiology, Chicago College of Dental Surgery; Editor of the *Medical Standard*; Author of "Essentials of Refraction." Publishers: Chicago Medical Book Co., Congress and Honore Sts., Chicago.

This work presents to the student of diagnosis the normal function and the derangement of function which characterizes disease. Every normal function of the body is briefly described, as in the ordinary text-book of physiology, and immediately following it are given the disorders or derangements to which these functions are subject.

The book is not opposed to the theory of the micro-organism as the cause of disease, but it rather protests against the immense importance which has of late been laid upon "laboratory findings" in the diagnosis of disease. It endeavors to go back still farther and to search out the earliest departure from the normal in the function and its "sequential

relation" to disease. "Physiology," says the author, "has of late made gigantic strides, and greatly enlarged the scope of its jurisdiction; there has been an equally growing tendency to divorce it from the mutual relations with other branches of medicine which have undergone similar expansion. It is in the hope of contributing, however feebly, to the re-establishment of these neglected relationships upon a practical clinical footing that this work on physiology is offered." Again, quoting another authority he says, "No anatomical research can pierce the secret of broken co-ordinations, and yet it is in these that a great part of disease begins or eventually comes to consist." It is with the consideration of these broken co-ordinations that the book concerns itself.

SHORT TALKS WITH YOUNG MOTHERS ON THE MANAGEMENT OF INFANTS AND YOUNG CHILDREN. By Charles Gilmore Kerley, M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital; Attending Physician to the New York Infant Asylum; Assistant Attending Physician to the Babies' Hospital, New York; Consulting Physician, New York Home for Crippled and Destitute Children; Consulting Pediatricist, Greenwich Hospital; Consulting Physician, Savilla Home, N. Y. Second edition, revised and enlarged. Illustrated. The Knickerbocker Press, G. P. Putnam's Sons, New York and London.

Dr. Kerley's book is in its second edition a good deal enlarged and, if one may say so without disrespect to its first appearance, improved by its revision. It is a very sane and practical guide for such young mothers as may be seeking for light on the subject; and is particularly to be recommended for its freedom from technical terms and its strict adherence to an easy conversational style of writing suited to the understanding of the very youngest and most inexperienced in the ranks of motherhood.

The author first considers the "well baby," giving a vivid picture of what his young highness ought to be, how he ought to grow, and, if he fails in either of these, searching out the any and every possible reason.

Feeding is given by far the largest space in the book, and more especially maternal feeding. Artificial feeding receives due attention also, but is only recommended when the natural source is absolutely unattainable. In older children Dr. Kerley notes the capricious and fanciful appetite which is only too often allowed to become an enduring habit, so that the child has to go forth to the strenuous battle of life ill nourished and unable to cope with his fellows.

The latter part of the book is given over to a list of the childish diseases and the management of the same, not, however, including medical treatment; indeed the only mention of medicine the book contains is a repeated warning against the use of medicine by the laity.

PRIMER OF SANITATION: BEING A SIMPLE WORK ON DISEASE GERMS AND HOW TO FIGHT THEM. By John W. Ritchie, Professor of Biology, College of William and Mary, Virginia. World Book Company, Yonkers-on-Hudson, N. Y. Price, \$.50.

It has been the consensus of opinion among philanthropists and social workers for a long time that the most effective way to bring about reforms is through the children, and the educational and medical professions have come to the conclusion that the most satisfactory place to teach hygiene and sanitation is in the public school. This Primer on Sanitation by Dr. Ritchie has been prepared to this end and is intended for children of about the sixth grade. The story of the construction of the body, the struggle between the body and germs, and the causes and prevention of various diseases are told in a way that interests the child, like any well-written story,—the illustrations are specially attractive.

The book is not only valuable in the school, but equally so in the home, as a knowledge of its contents is needed by the majority of adults.

SOME PLANS AND SUGGESTIONS FOR HOUSING CONSUMPTIVES. Published by the National Association for the Study and Prevention of Tuberculosis, 105 East Twenty-second Street, New York.

This is a pamphlet containing 95 illustrations and a wealth of valuable advice to those interested in the problem of housing consumptives. Every phase of the question, whether sanitary or economic, is presented clearly and concisely in its relation to the home in crowded centres, or the establishment of sanatoria, local or state. It shows most careful and scientific research and is invaluable to workers in the field.

OFFICIAL DIRECTORY.

THE AMERICAN JOURNAL OF NURSING COMPANY.

President, ANNIE DAMEB, R.N., Yorktown Heights, N. Y.

Secretary, MARY A. SAMUEL, R.N., Roosevelt Hospital, New York City.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS.

President, M. ADELAIDE NUTTING, R.N., Teachers' College, New York, N. Y.

Secretary, M. HELENA McMILLAN, Presbyterian Hospital, Chicago, Ill.

Annual meeting to be held in New York City, 1910.

THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES.

President, JANE A. DELANO, R.N., Surgeon-General's Office, War Department, Washington, D. C.

Secretary and Inter-State Secretary, AGNES G. DEANS, 661 Cass Avenue, Detroit, Mich.

Treasurer, ANNA DAVIDS, R.N., 128 Pacific Street, Brooklyn, N. Y.

Annual meeting to be held in New York City, 1910.

ARMY NURSE CORPS, U. S. A.

JANE A. DELANO, R.N., Surgeon-General's Office, Washington, D. C.

NAVY NURSE CORPS, U. S. N.

ESTHER VOORHEES HASSON, R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

HOSPITAL ECONOMICS COURSE, TEACHERS' COLLEGE, NEW YORK.

Director, M. ADELAIDE NUTTING, R.N., 417 West 118th Street, New York City.

THE CALIFORNIA STATE NURSES' ASSOCIATION.

President, MRS. ANNA BEAMAN FOX, 585 Cleveland Avenue, San Diego, Cal.

Secretary, EDNA M. SHUEY, 2324 Carleton Street, Berkeley, Cal.

COLORADO STATE TRAINED NURSES' ASSOCIATION.

President, MARY THURSTON, R.N., 2135 Arapahoe Avenue, Boulder, Col.

Secretary, LOUISE PERRIN, R.N., 4303 Clay Street, Denver, Col.

GRADUATE NURSES' ASSOCIATION OF CONNECTICUT.

President, MARTHA J. WILKINSON, 124 Windsor Avenue, Hartford, Conn.

Corresponding Secretary, MRS. EDITH BALDWIN LOCKWOOD, Granby, Conn.

DISTRICT OF COLUMBIA GRADUATE NURSES' ASSOCIATION.

President, HELEN W. GARDNER, the Portner, Washington, D. C.

Secretary, F. KATHERINE VINCENT, the Victoria, Washington, D. C.

GEORGIA STATE ASSOCIATION OF GRADUATE NURSES.

President, Mrs. A. C. HARTRIDGE, R.N., Pine Heights Sanatorium, North Augusta, Ga.

Secretary, M. A. SULLIVAN, R.N., Margaret Wright Hospital, Augusta, Ga.

THE IDAHO STATE NURSES' ASSOCIATION.

President, LILLIAN LONG, St. Luke's Hospital, Boise, Idaho.

Secretary, LULU HALL, Room 410, Overland Building, Boise, Idaho.

ILLINOIS STATE NURSES' ASSOCIATION.

President, ELLEN PERSONS, R.N., 812 East 42d Street, Chicago, Ill.

Secretary, MARGARET P. LITTLE, R.N., 79 Dearborn Street, Chicago, Ill.

INDIANA STATE NURSES' ASSOCIATION.

President, MARY B. SOLLEBS, R.N., Reid Memorial Hospital, Richmond, Ind.

Secretary, MAE D. CURRIE, 39 The Meridian, Indianapolis, Ind.

IOWA STATE ASSOCIATION OF REGISTERED NURSES.

President, ANNA C. GOODALE, Ellsworth Hospital, Iowa City, Iowa.

Secretary, FLOY A. STRAYER, Box 315, Waterloo, Iowa.

Chairman Credential Committee, LILLIAN M. ALDEN, Mason City, Iowa.

KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES.

President, MARY R. SHAVER, Good Samaritan Hospital, Lexington, Ky.

Corresponding Secretary, AMELIA A. MILWARD, 234 Second Street, Lexington, Ky.

LOUISIANA STATE NURSES' ASSOCIATION.

President, KATHERINE DENT, New Orleans Sanitarium, New Orleans, La.

Secretary, ROSA FITCHETT, New Orleans Sanitarium, 1123 Peniston Street, New Orleans, La.

MASSACHUSETTS STATE NURSES' ASSOCIATION.

President, MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.

Secretary, ESTHER DART, Stillman Infirmary, Cambridge, Mass.

MARYLAND STATE ASSOCIATION OF GRADUATE NURSES.

President, GEORGINA C. ROSS, R.N., Medical and Chirurgical Library, Baltimore, Md.

Secretary, SARAH F. MARTIN, R.N., Medical and Chirurgical Library, Baltimore, Md.

MICHIGAN STATE NURSES' ASSOCIATION.

President, MRS. G. O. SWITZER, Ludington, Mich.

Secretary, MRS. R. C. APTED, Grand Rapids, Mich.

MINNESOTA STATE NURSES' ASSOCIATION.

President, EDITH GATZMAN, R.N., 242 Lyndale Avenue, South, Minneapolis, Minn.

Secretary, MRS. E. W. STUHR, R.N., 1810 Chicago Avenue, Minneapolis, Minn.

MISSOURI STATE NURSES' ASSOCIATION.

President, CHARLOTTE B. FORRESTER, Box 803, Kansas City, Mo.
Corresponding Secretary, EVA M. ROSEBERRY, 1208 Wyandotte Street, Kansas City, Mo.

NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES.

President, NANCY L. DORSEY, 2305 South 53d Street, Omaha, Neb.
Secretary, LILLIAN STUFF, 720 North 25th Street, Lincoln, Neb.

GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE.

President, DELLA STREETER, R.N., 88 Pleasant Street, Concord, N. H.
Corresponding Secretary, CARRIE HALL, R.N., Margaret Pillsbury Hospital, Concord, N. H.

NEW JERSEY STATE NURSES' ASSOCIATION.

President, BERTHA J. GARDNER, 30 Tracy Avenue, Newark, N. J.
Secretary, ELIZABETH J. HIGBID, 341 Graham Avenue, Paterson, N. J.

NEW YORK STATE NURSES' ASSOCIATION.

President, MRS. C. V. TWISS, R.N., 419 West 144th Street, New York, N. Y.
Secretary, MRS. ERNEST G. H. SCHENCK, R.N., 114 East 71st Street, New York, N. Y.
Treasurer, LINA LIGHTBOURNE, R.N., Hospital of the Good Shepherd, Syracuse, N. Y.

NORTH CAROLINA STATE NURSES' ASSOCIATION.

President, CONSTANCE E. PFOHL, R.N., Winston-Salem, N. C.
Secretary, MARY SHEETZ, Winston-Salem, N. C.

OHIO STATE NURSES' ASSOCIATION.

President, M. H. PIERSON, Columbus Ohio.
Secretary, MATHILDA L. JOHNSON, 501 St. Clair Avenue, Cleveland, Ohio.

OKLAHOMA STATE ASSOCIATION OF GRADUATE NURSES.

President, RAE L. DESSELL, R.N., 106 East 5th Street, Oklahoma City, Okla.
Secretary, MARTHA RANDALL, R.N., 106 East 5th Street, Oklahoma City, Okla.

OREGON STATE NURSES' ASSOCIATION.

President, JENNIE V. DOYLE, 675 Glisan Street, Portland, Ore.
Corresponding Secretary, MABEL A. KEIFER, 374 Third Street, Portland, Ore.

GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA.

President, ROBERTA M. WEST, R.N., Hamot Hospital, Erie, Pa.
Secretary, ELIZABETH HANSON, R.N., Good Samaritan Hospital, Lebanon, Pa.
Treasurer, MARY J. WEIR, R.N., Braddock General Hospital, Braddock, Pa.

RHODE ISLAND STATE NURSES' ASSOCIATION.

President, ABBEY E. JOHNSON.
Corresponding Secretary, RHODA G. PACKARD, R. F. D. No. 2, Rehoboth, Mass.

SOUTH CAROLINA STATE NURSES' ASSOCIATION.

President, L. V. JONES, R.N., Roper Hospital, Charleston, S. C.
Secretary, LULA DAVIS, Sumter Hospital, Sumter, S. C.

THE TENNESSEE STATE NURSES' ASSOCIATION.

President, LENA A. WARNER, 112 North Belvidere Boulevard, Memphis, Tenn.
Secretary, MRS. D. T. GOULD, Nashville, Tenn.

GRADUATE NURSES' ASSOCIATION OF TEXAS.

President, MRS. FORREST M. BEATY, 507 Taylor Street, Fort Worth, Tex.
Secretary and Treasurer, A. LOUISE DIETRICH, El Paso, Tex.

VIRGINIA STATE NURSES' ASSOCIATION.

President, ETHEL SMITH, Protestant Hospital, Norfolk, Va.
Secretary, ANNIE GULLY, 108 North Seventh Street, Richmond, Va.

WASHINGTON STATE NURSES' ASSOCIATION.

President, M. C. BURNETT, Spokane, Wash.
Secretary, MARY MACMASTER, 1522 Riverside Avenue, Spokane, Wash.

WEST VIRGINIA STATE NURSES' ASSOCIATION.

President, MRS. GEORGE LOUNSBURY, 1119 Lee Street, Charleston, W. Va.
Secretary, MRS. M. F. DUDLEY, Lonelands, Wheeling, W. Va.

WYOMING STATE NURSES' ASSOCIATION.

President, MARTHA A. CONVERSE, Rock Springs, Wyo.
Secretary, MRS. AMY E. MILLER, 116 Coffeen Avenue, Sheridan, Wyo.

522
Riverside
Ave.

NAMES OF OFFICERS OF EXAMINING BOARDS.

COLORADO.

President, LAURA A. BEECROFT, R.N., Minnequa Hospital, Pueblo, Col.
Secretary, MARY B. EYRE, R.N., 638 Grant Street, Denver, Col.

CONNECTICUT.

President, EMMA L. STOWE, New Haven Hospital, New Haven, Conn.
Secretary, R. INDE ALBAUGH, R.N., Pleasant Valley, Conn.

DISTRICT OF COLUMBIA.

President, LILY KANELY, R.N., 1723 G Street, N. W., Washington, D. C.
Secretary, KATHERINE DOUGLASS, R.N., 320 East Capitol Street, Washington,
D. C.

GEORGIA.

President, ELLA M. JOHNSTONE, R.N., 309 West Thirty-fifth Street, Savannah, Ga.
Secretary and Treasurer, EMILY R. DENDY, R.N., 822 Greene Street, Augusta, Ga.

ILLINOIS.

President, HELEN SCOTT HAY, R.N., 509 Honore Street, Chicago, Ill.
Secretary, BENA M. HENDERSON, R.N., Children's Memorial Hospital, Chicago, Ill.

INDIANA.

President, MRS. ISABELLA GERHART, R.N., Indianapolis, Ind.
Secretary, EDNA HUMPHREY, R.N., Crawfordsville, Ind.

MARYLAND.

President, MARY C. PACKARD, R.N., 27 North Carey Street, Baltimore, Md.
Secretary, NANNIE J. LACKLAND, R.N., Medical and Chirurgical Library, 1211
Cathedral Street, Baltimore, Md.

MICHIGAN

President, ELIZABETH G. FLAWS, Butterworth Hospital, Grand Rapids, Mich.
Secretary, F. W. SHUMWAY, M.D., Lansing, Mich.

MINNESOTA.

President, EDITH P. ROMMEL, R.N., 1502 Third Avenue, South, Minneapolis, Minn.
Secretary, HELEN M. WADSWORTH, R.N., 1502 Third Avenue, South, Minneapolis,
Minn.

MISSOURI

President, CHARLOTTE B. FORRESTER, University Hospital, Kansas City, Mo.
Secretary-Treasurer, MRS. FANNY E. S. SMITH, St. Luke's Hospital, St. Louis, Mo.

NEBRASKA.

President, VICTORIA ANDERSON, Methodist Episcopal Hospital, Omaha, Neb.
Secretary, ANNA E. HARDWICK, Nebraska Orthopaedic Hospital, Lincoln, Neb.

NEW HAMPSHIRE.

President, BLANCHE M. TRUESDELL, R.N., Cottage Hospital, Portsmouth, N. H.
Secretary, AUGUSTA J. ROBERTSON, R.N., Elliot Hospital, Manchester, N. H.

NEW YORK.

President, ANNIE DAMER, Yorktown Heights, N. Y.
Secretary, JANE ELIZABETH HITCHCOCK, R.N., 265 Henry Street, New York, N. Y.

NORTH CAROLINA.

President, CLEONE HOBBS, R.N., Greensboro, N. C.
Secretary-Treasurer, ANNE FERGUSON, R.N., Statesville N. C.

OKLAHOMA.

President, MARTHA RANDALL, R.N., 106 East 5th Street, Oklahoma City, Okla.
Secretary, MRS. MARGARET H. WALTERS, Muskogee, Okla.

PENNSYLVANIA.

President, WILLIAM S. HIGHBEE, M.D.
Secretary-Treasurer, ALBERT E. BLACKBURN, M.D., 3813 Powelton Avenue, Philadelphia, Pa.

TEXAS.

President, MRS. FORREST M. BEATY, R.N., 1220 Hemphill Street, Fort Worth, Tex.
Secretary, CLARA L. SHACKFORD, John Sealy Hospital, Galveston, Tex.

VIRGINIA.

President, S. H. CABANISS, 109 North Seventh Street, Richmond, Va.
Secretary, MRS. S. T. HANGER, 7 Waverly Boulevard, Portsmouth, Va.

WEST VIRGINIA.

President, DR. L. V. GUTHRIE, Huntington, W. Va.
Secretary, DR. GEORGE LOUNSBURY, Charleston, W. Va.

WASHINGTON.

President, MARY KEATING, 2020 Mallon Avenue, Spokane, Wash.
Secretary-Treasurer, MRS. A. W. HAWLEY, 718 East Howell Street, Seattle, Wash.

WYOMING

President, S. J. MCKENZIE, Cheyenne, Wyoming.
Secretary, AMY E. MILLER, Sheridan, Wyoming.

N. H.
H.

, N. Y.

Okla.

, Phila-

Worth,

e, Wash.